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AN ESSAY
ON THE NATURE AND TREATMENT OF ERYSIPELAS.

By JAMES S. WHITMIRE, M. D., of Metamora, Ills.

Erysipelas is a disease that prevails in every country and climate on the face of the earth; and neither age, sex, nor condition is exempt from its influence in one or another of its various forms. It, therefore, being a dissease so general, and one, too, that baffles the skill of the most judicious and erudite in the profession, on account of its stubborn, erratic, and varied character, according to circumstances, it becomes us as members of a noble profession, and ministers of mercy to the afflicted of our common humanity, who are seeking after knowledge, to each do his part in the investigation of the different theories and treatment of every disease that comes within the purview of our observations, to compare notes and interchange opinions in regard to them that we may be the better qualified to form a correct judgment in respect to their

treatment and cure. And *particularly* is this the case in relation to the disease under consideration. Because there is no disease, probably, that flesh is heir to, that is more prevalent, nor that has had a greater variety of treatment applied for its cure, and none requiring, under the different circumstances in which it prevails, application of remedial agents. It is not my province in this paper to enter minutely, into either the history, cause, nature, varieties or diagnosis of this disease:—these are discussed at length in all our standard works on theory and practice, and are sufficiently well understood; so that there is a general understanding in regard to them, but the agreement in respect to its treatment, seems to be not quite so amicably settled. I will, therefore, only advert to so much of the generally received opinions as to its nature, as to go to what would most naturally make up the general indications of treatment, and then what remedial agents, in my opinion, would be most likely to fulfill those indications. While I am free to admit that many of us spend too much of our time in fruitlessly seeking after specifics and infallible remedies for particular diseases, and that in consequence we are too prone to fall into a routine practice and treat names and not diseases as they occur; yet, there is a general plan of treatment in all diseases, without regard to particular circumstances, that must be adhered to in order to bring about certain ends whether they be accomplished by one or another means; and in no disease does this principle hold good more certainly than in Erysipelas. As proof of this statement, you only have to refer to our standard authors and witness the reliance that each places on his particular method of treatment, under the different circumstances, and yet all converging to the same end by different means, and hence, probably, arises the great variety of treatment in this disease; than which no better proof could be adduced of the general inefficiency of all the means heretofore used, is this same diversity of opinion. And, yet, all the different means used, probably, under the different surroundings, influences or peculiarities, may have been the best

that could be selected under the circumstances, hence the necessity of close observation and a discriminating judgment in the professional man. It has fallen to my lot in a country practice, of fifteen years, to have seen this disease in its various forms and under as various circmstances as almost any other practitioner of my age, and though my patients have universally recovered, yet I have never been entirely satisfied till within the last few years that the usual remedies used are not the best we have at our command. Since that time, I have viewed erysipelas as not only a constitutional disease, but dependent, in some degree, upon epidemic influence, and an animal poison for its propagation. In all instances in localities where erysipelas is epidemic, the whole community becomes predisposed to the disease from these influences, and the infection on account of the predisposition becomes doubly sure of propagation. And in all instances where there is a strong predisposition, or in idiosyncratic cases where the epidemic influence prevails, the disease may be developed without any contact whatever. And even though it may be developed without contact, it is none the less a disease of infection by contact, but not, probably, to the same extent as many others of our acknowledged contagious diseases. On the other hand it is argued against its being contagious, that it is not self-limited, nor does it fortify the system against a second attack, which is the case with other diseases of this class, and therefore should be thrown out of the list of contagions. But this would give but little scope to our investigations, and little encouragement to the free expression of our opinions, and narrow down and limit our observations to that which is acknowledged; and thus effectually close the door to all improvement. Because the first contagious diseases that were known to the profession were self-limited, and fortified the system against a second attack, is no evidence, to my mind, that it may not yet be found that other diseases may be communicable by contact or proximity and yet not partake of the other two characteristics.

I have come to the conclusion, from observation, without going into particulars, that we have many infections, or diseases that may become so under favorable circumstances that are not now recognized; and indeed, not easily recognizable, from the fact that they do not present all the characteristics of our acknowledged contagious diseases. So far, however, as this matter of contagion is concerned, it matters but little, either here or there, in regard to the disease under consideration, and I have only given my own convictions, without going into the particulars or data, from which they were formed; but such was their force at the time that I have become a thorough convert to the doctrine, and simply state the fact that investigation may be elicited by the profession. Without any reference to this hypothesis, however, there are every day occurrences to all of us where this disease is developed, apparently without any cause whatever. Exposure to cold or extreme vicissitudes of temperature—irregularity of diet—unwholesome food, creating a vitiated condition of the system—violent emotions, etc., etc., are all supposed to be frequent exciting causes of it. Many cases, too, that cannot be distinguished either in appearance, course or termination from idiopathic erysipelas, evidently result from injury. And because it may be developed by so great a variety of existing causes, where there is no apparent contagion, is no evidence to my mind, that after it is once produced, from whatever cause, the disease may not, of itself, and in itself generate the property or principle of self-propagation. All nature around us, proclaim this principle as a great fundamental truth; and may it not hold good, also, in the kingdom of disease? There are four varieties of this disease as recognized by authors—the simple or cutaneous, where the inflammatory action is superficial and confined to the skin and its membranes. The Phlegmonous, where inflammation of the skin is also present, and involving, also, the subscutaneous tissues, and not unfrequently dipping down into the cellular tissue covering the muscles. The Œdematous, which is most likely to attack pa-

tients of a cachectic habit, and in whom there is a tendency to dropsical infiltration of the cellular tissue—hence the lower limbs are the most liable to this form of the disease, and in this form neither the heat nor redness is so great as in the former varieties, but the pitting on pressure and a doughy feel of the parts are two of the distinguishing characteristics.—The Gangrenous, may be either the original form of the disease dependent on a depraved condition of the system, or the malignancy of the cause that produced it, or, it may result from the excessive violence of the inflammation in the former varieties of the disease. Assuming, then, that this is a general disease, and that it is generally dependent on an animal poison for its existence and propagation, we are then left to consider the following and only proposition in regard to its rational and therefore successful treatment—to wit:—Have we in the Materia Medica an agent, the therapeutic agency of which will at the same time destroy, or neutralize the animal poison, and give tone and vigor to the debilitated capillaries of the affected part? If we have, then, indeed would the malignancy or virulence of this sometimes terrible scourge be mitigated and consequently its danger materially lessened.—The tendency, as I understand it, in every form of this disease is debility of the capillaries and consequent swelling from atonic congestion of these vessels rendering them incapable of carrying on the healthy circulation of the blood through the diseased part, and hence the peculiar inflammation, heat, swelling and infiltration of serum into the cellular tissue of the diseased part and its immediate vicinity. And though erysipelas is known and designated in varieties or different forms, yet the disease is the same, to all intents and purposes, and under any and all circumstances; the difference being simply in degree, and the degree being modified by circumstances such as constitutional predisposition, idiosyncracy, or the virulence of the original cause. This disease, therefore, being the same under all circumstances we would most naturally conclude that a sameness in the indications, so far as the gen-

eral treatment is concerned would necessarily be the most rational course to be pursued, provided we have a remedy, or remedies, the curative agency of which is calculated to moderate or immediately overcome the disease by removing the cause, and give nature a clear field to complete the cure.—This agent, in my opinion, we have found in Iodine and its preparations, it acting, not only, as an antidote to the poison, through the medium of the blood; but, also, as an alterative in rousing and changing the secretions, and as a tonic to the capillary system of the vessels, thereby instituting a curative process in the diseased parts by promoting a healthy action.—My method of using this remedy can, probably, be stated in no way more satisfactorily than by giving the history and treatment of a case of Phlegmonous Erysipelas that has within a short period been under my care, which is simply a fair comparative representation of many others of the same nature that have occurred in my practice since 1856.

Mch. 4, 1861, I was called to see Thos. Beal, aged 40, a farmer, was taken ill about four days previously with what he considered at the time a common cold. Had violent pains in the head, back and limbs, with occasional chilly sensations and flushes of fever for three consecutive days. Twenty-four hours before I was called, he could not bear to have the bedclothes moved on account of the slightest contact of air throwing him into a violent chill, notwithstanding there was great heat of the skin and thirst during the whole time. The night previously he was quite deranged, so that the family became alarmed and sent for me. I found him as just stated—pulse 120 per minute and full—skin hot—great thirst—no appetite and occasional wandering delirium. I gave him 15 gr. of calomel to be followed in three hours with an infusion of salts and senna, to be given until thorough purgation was produced. The local affection had commenced during the night on the left side of the nose, at first by a mere speck, and in ten hours it had extended to the eye and half of the cheek on the same side. After purgation he was to take the following prescription:

℞. Quin. Sulph. . . . . ℈ I.
Camp. Gum Pulv., ... ℈ I.
Potass. Chlor. . . . . ʒ I.
Ipec. Pulv. . . . . gr. V.
Verat. virid. Pulv. . . . . gr. X.
Morph. Sulp. . . . . gr. 1.
Misce—Fiant—Pulveres . . . . . X.

One to be taken every three hours. Between the powders I gave the following mixture in doses of one table-spoonful, in a common tumbler of water.

10 ℞. Potass. Iod. . . . . ʒ II.
Verat. virid. Tinct. . . . . gr. XXX.
Spts. Nit. Dulc. . . . . f ʒ I.
Aquæ, ... f ʒ III.

The local treatment consisted of an Iodine Ointment prepared in the following manner.

℞ Iod. . . . . gr. XXX.
Potass Iod. . . . . gr. X.
Alcohol. . . . . f. ʒ Ss.

Rubbed together in a porcelain mortar, till the Iodine is thoroughly dissolved. Then add Ol. Ricini f. ʒ III Ss. and triturate till it is thoroughly mixed. Bottle and it is ready for use. With this ointment I keep the diseased surface and two or three inches beyond, well lubricated by three, four, or five applications per day, if required to keep it soft. And, to digress a moment, this is one of the most beautiful as well as the most convenient preparations of Iodine Ointment that I have ever seen, and may be used in any case where the officinal preparation is indicated. March 5th. The inflammation had extended over both cheeks, closing both eyes, and down on the neck nearly to the clavicles and sternum. Pulse 100—full but soft—felt easier and rested better. Gave a dose of Ol. Ricini, and continued treatment adding gttXV of the Ferri. Mur. Tinct. to each dose of the mixture. March 6th. Found my patient in a mild perspiration, pulse full bowels had moved freely—during the night had free hæmorrhage from the nose—

felt still better—Disease had not extended during the last twenty-four hours. I now discontinued the verat. virid. and substituted half gr. of Opium for the Morphine and directed his powders to be taken every four hours, the mixture with the Mur. Tinct. of Iron as usual, between the powders. March 7th. Found my patient quite comfortable—the swelling had begun to recede—pulse 70 and soft—some appetite—feels cheerful—rested well during the night. Continued treatment, but lengthened the time of taking his powders to five hours—mixture between, but lessened the amount of Iod. Potas. in them, and diluted the ointment to one half its former strength, with Castor Oil. March 8th, 9th, 10th, 11th. Continued treatment during the daytime, letting him rest during the night. March 13th. Discharged my patient as convalescent and out of danger, leaving Ferri. Mur. Tinct. for him to take three times per day for several days, and ordered the surface to be kept soft with Castor Oil until the skin was sound and natural. During the whole course of treatment he was allowed to partake freely of animal broth, and when his appetite did not crave it, it was urged upon him as one of the means of cure, in the support it would give to the general system. As a change, when his appetite craved it, I allowed him milk porridge, thickened with corn starch. March 12th I was called to see Cyrus McCord, aged about 30. This patient was attacked very similarly to the former, the erysipelas, however, appearing on the right ear. In this case, the inflammation extended so rapidly that in 24 hours he was threatened with suffocation on account of the œdematous condition of glottis and the inflammation of the fauces and tonsils. For this latter complication I prescribed a gargle composed of Alum. Sulp. ʒ II. Ol. Cinnam. Tinc. f. ʒ IV. Acid. Sulp. Aromat. ʒ II. Kreosot. gtt. XXX. Syrup. Simp. or what is always at hand, common molasses, f. ʒ III Ss. This gargle seemed to give very speedy relief, and acted admirably in soothing the inflammation of the throat. Otherwise the treatment and termination of this case, was essentially the same as the former one, so that I re-

frain from any useless repetition. I have just now, March 29th discharged the third case that has occurred, in my practice, since the commencement of this article. This case occurred in the person of Mrs. Lamb, a German woman, aged about 50 years. The inflammation in this case commenced on the left fore-arm and was very painful, though the patient had no fever. The disease kept spreading for about five days—the surface was vesicated, and the swelling enormous at the end of that time. It now, however, began to recede, and in four or five days longer my patient was discharged. The treatment in this case was also the same as the two former ones, only, I did not consider the veratrum viride at all indicated and it was therefore left out of the prescription. Neither did I give the Opium nor Quinine, to the same extent as in the two former cases. By the way, it may be proper here to remark that this last patient assisted in taking care of the first one mentioned, and in *dressing his face with the Ointment during his illness.* There is no doubt but in every individual case there may circumstances arise or complications exist, that would cause me to vary my treatment accordingly, in-as-much as every exigency that may arise must be promptly met with its appropriate remedies; but the general indications are always the same; and in *Iodide of Potassium* and the Iodine Ointment with the necessary auxiliaries, we have a certain, safe and speedy remedy. Since I have adopted this method of treatment, erysipelas, in my neighborhood, has lost much of its terror, and I speak to my patients, of their speedy recovery, as confidently as I do of interrupting a paroxysm of intermittent with the Sulphate of Quinine. I have given this remedy in doses of 20 grs. every two hours without ever having witnessed any of the poisonous effects spoken of by authors; but the quantity of water with which I invariably dilute it, may probably prevent any gastric disturbance, that might otherwise occur, if given in a more concentrated form. Its entire innocence, therefore, in my opinion, is settled, when this precaution is observed unless perhaps in cases of idiosyncracy,

which no doubt exist, as in regard to many other remedies and in these we would be compelled to resort to other means. In the case of children, that we cannot induce to drink so much water at regular intervals. I usually prepare it in the form of a nice syrup, and after they take it they will usually drink a sufficient quantity of water to prevent any evil consequences. I have used it in this manner with children six months old and upwards and have never observed any evil consequences from its administration, and have therefore settled down into the idea that it is one of our most agreeable, mild, and effectual remedies, and confidently ask the profession to give it a fair and impartial trial, and they will not be disappointed in its results, and they will be enabled in an ecstacy of delight to cry out with me, *Eureka! Eureka!*

CASE OF SCROFULOUS ULCERS OF THE LEG,—WITH INJURY OF THE ANKLE JOINT.—AMPUTATION FOR.

By L. B. BROWN, M. D., Iroquois, Ills.

EDITORS OF THE CHICAGO MEDICAL JOURNAL.—Henry Enshins, aged 66 years, a resident of Iroquois, Illinois, has suffered at intervals for several years, from scrofulous ulcers of the left leg; but never compelled to discontinue his attendance to business till October 1860, when he received an injury of the ankle joint jumping from a carriage. The foot and ankle became very painful and somewhat swollen.—Domestic medicine was brought into requisition, and faithfully applied for nearly two months, when a large sloughing ulcer presented at the heel, and several small ulcers about the ankle joint and top of the foot. A physician was now called, and

constitutional treatment brought to bear on the sore heel, but without relief. I visited the patient for the first time, in February, 1861. I found him in bed, greatly emaciated, having a voracious appetite, diarrhœa, and suffering from pain in the foot and ankle. The foot and ankle presented a horrible appearance, studded with fistulous openings, discharging a large amount of offensive matter; the tendo Achillis, muscles of the heel, and posterior ligaments of the ankle joint, were completely destroyed; leaving the oscalcis, tibia, and fibula, bare. I told the patient and family that he could not live, in the condition he was in; I spoke of amputation as the only chance for relief, but did not recommend it, owing to the extreme exhaustion. March 2d. Visited the patient to-day in company with Drs. Barry, Fowler and Dunn. After stating to the patient and family the certainty of death,—without, and the chance of recovery with an operation, consent was given, and the operation was performed. Chloroform was given as an asthetic, the limb amputated in its upper third, just below the tuberasity of the tibia, by the flap method; very little blood was lost during the operation. The flaps were brought together by interrupted sutuses and strips of adhesive plaster, the usual dressings applied, and the whole confined with a roller bandage. The patient placed in bed, and brandy and opium given during the remainder of the day and night.

March 3d. Patient rested a part of last night after taking one half gr. Morphine. Pulse 80, no pain, except an occasional twinge in the stump; stump not disturbed. Ordered brandy and quinine during the day, anodyne at night.

March 4th. No change of importance during the last 24 hours. Continue the same treatment.

March 5th. Rested very well last night; no pain in the stump. Pulse 80, the flaps of the wound lying against each other without any adhesion, or evidence of inflamation; slight evidence of suppuration. Same dressings re-applied, and ordered in addition to brandy and quinine, beef-tea.

March 6th. Pulse 80, suppuration of the stump; discharging unhealthy pus. Ordered the stump thoroughly washed with tinct. myrry, and covered with pulv. charcoal. Continue same constitutional treatment.

March 7th. Suppuration going on rapidly; stitches give way to-day: same constitutional and local treatment as yesterday.

March 9th. Patient exhibits signs of exhaustion; appetite failing, no pain; surface covered with cold perspiration; discharge from the wound copious, and offensive; the sown extremity of the tibia exposed. Ordered the surface sponged with sal. chlo. sodium; the same constitutional and local treatment as before, with increase of brandy.

March 12th. Patient thirsty, skin hot; pulse 90; stump inflamed for the first time since the operation, and somewhat painful; discharge from the wound not as copious. Continue the use of brandy, quinine and beef-tea.

March 15th. Patient improving; discharge from the stump greatly diminished. Some appearance of healthy granulation. Continue the use of brandy and quinine, together with a nutritious diet.

April 15th. The daily notes of the case since March 15th contain nothing of importance. The wound, owing to the impaired condition of the system, healed slowly. The patient is improving in general health; appetite good; diarrhœa stopped; and the wound nearly cicatrised.

The above case, I think, is one of interest, considering the advanced age, and the extreme debility of the patient at the time of the operation; I do not offer it, however, as an anomaly; but, from the fact that I have been censured (for operating) by a few meddlesome people, some of whom claim to belong to the Medical Profession.

REMOVAL OF FOUR INCHES OF THE TIBIA, FOR NECROSIS.

By M. M. EATON, M. D., of Peoria.

A Chamberlain, Esq, brought his boy, aged four years, to my office, May 15th, 1861, stating that he lived in Tazewell Co. Ill.. and had been sent to me by Dr. McColl, (his family physician.)

Said that the boy fell from a door-step about one year since, a distance of eight or ten inches, that nothing particular was noticed till about one week afterward, when the knee joint of the left limb began to swell. This extended both up and down the limb, till the whole in three weeks became double its former size. Under treatment, however, this subsided in about four weeks and an abscess formed about an inch above the inner malleolus and considerable offensive pus was discharged.

Soon three other ulcers formed about the middle of the shaft of the Tibia. These also discharged offensive matter, and three small spicula of bone, and gradually merged in one. The discharge has continued till now, all efforts to heal the ulcer having proved abortive.

On examination, I found an ulcer, situated over the shaft of the Tibia, in its upper third, in length about one and a half inches and width one inch, exposing one inch in length of the bone, which was evidently badly necrosed and by probing I found that the disease extended about three inches. The general health of our little patient was good, the whole of the affected limb being, however, considerably atrophied.

I stated the case to the father, and recommended the exsection of the diseased bone, to the performance of which he immediately consented. I called in Dr. Hamilton to administer Chloroform, and proceeded at once to the operation. I found

the periosteum considerably diseased, but by incising it and using some care, I succeeded in peeling it off with a blunt instrument and leaving it *in situ* in the wound.

Nothing unusual occurred. I removed four inches of bone, so as to be sure and leave only that which was sound, placed a tent in the wound and applied the usual dressings. The ulcer, two days after, began to heal around the edges. The wound healed by healthy granulations from the bottom, and in four weeks both wound and ulcer were entirely healed.

Now, six weeks after the operation, the boy is able to walk well on the limb, new bone a little larger than the original having been deposited. There is left no obvious shortening or deformity.

A CASE OF SHOULDER PRESENTATION, WITH PROLAPSE OF CORD. VERSION BY EXTERNAL MANIPULATION. TREATMENT BY POSITION. DEATH OF CHILD.

By H. WEBSTER JONES, A. M., M. D.

I was called at 7 P. M., January 28th, 1861, to see Mrs. A. P., primipara æt 16.

The patient was upon the bed, suffering with severe labor pain, her clothing, the bed, and even the floor saturated with the liquor amnii, which had just been discharged in great quantity and with considerable force.

An examination detected the left scapula presenting, and a lengthened *prolapsus funis* protruding under the axilla through a dilatable os.

Manipulation of the child, through the abdominal and uterine walls, directing extremity (upward and inward), the (cephalic downward and inward,) resulted, after some time, in a complete correction of the mal-position, the head now engaging with the vertex towards the left acetabulum.

The cord, still largely prolapsed, and pulsating strongly, was now carried toward the right acetabulum, where it was least liable to pressure, and the patient assumed at my request the position upon the knees and chest, recommended by Dr. T. Gaillard Thomas.

During two severe pains, I attempted to maintain the fallen loop of cord within the uterus and beyond the head, but without success, when the patient refused utterly to bear another in that position.

The head at 3 A. M. bore upon the perineum, and checked materially the force of the fœtal circulation. Spasmodic movements of the child soon occurred, indicating its danger.

Another trial of Thomas' position failed, the pains pressing down in one direction when well supported in another, and at 4.30 A. M. the child was delivered, there having been no perceptible pulsation in the cord for nearly an hour. The usual means of resuscitation were resorted to, but proved unavailing.

The noticeable features of this case, are

1st, the probable effect of a sudden discharge of liquor amnii when in excess, as determining the mal-positions, as well as the *prolapsus funis*.

2d, the safe and efficient manner in which version was accomplished, under the conjoined and unfavorable circumstances of evacuated waters and a strongly contracting uterus;

3d, the discomfort and distress produced by the prone position, rendering it *in this case*, unavailable toward the restoration of the funis to the uterine cavity.

DIPHTHERIA.

By Dr. J. J. MORGAN, of Windham, Iowa.

In attempting to write a paper upon a subject involving such a multiplied nomenclature, such a diversity of opinion; and such a variety of treatment, it is hardly to be presumed,

that anything new, or more satisfactory, can be added to the many able productions that have been elicited since the prevalence of the disease in this country. I have at hand some fifteen different terms, by which the disease is professed to be known. As a choice of the numerous titles with which this affection is honored, there seems to be a preference for that of "Diphtheria," claimed to be expressive of the membranous exudation, which is a very prominent symptom, not to say an essential characteristic of the disease. So characteristic do I consider the exudation, that it is the first thing to which I direct attention, in order to make a correct diagnosis; (and contrary to some very high authority) it is to this that I look for a favorable or unfavorable prognosis. Taking into consideration in any particular case, the physical ability to withstand the effects of a severe local lesion, until its grave character can be modified. But what are the premises upon which these views are founded? In an epidemic which prevailed here during the last four months of the past year,—I was familiar with the affection from the mildest form up to those grave cases where death seems to have marked its victims at one sad stroke. The first and main thing that I wish to notice here is, that death did not occur in any single instance, where the false membrane was confined to the fauces, where the exudation did not extend to the larynges proper. But in all the fatal cases that came under my observation the laryngeal symptoms predominated. The inquiry that suggests itself is: why does not death occur in those cases where the exudation is extensively developed but confined to the fauces? Granting the supposition, (which is probably a true one), that the disease depends upon some blood poison; we are led to inquire, does the fatal result arise from the original vitiated condition of the blood, depressing the nervous centers as in malignant typhus? or are the aggravated symptoms and alarming fatality due to a materies morbi, the result of an imperfect aeration of the blood consequent upon the obstruction offered to respiration by the local affection? I am led to fa-

vor the latter view of the case, based upon the experience and observation of over two hundred cases. And what I wish to maintain is, that patients die from the effects of local disease, and not from the virulence of a poison with which the blood is contaminated. That cases terminate fatally after the violence of the local affection has subsided, from debility, the result of aggravated or long protracted cases is true,—but that disease where death insidiously and quietly does its sad work, did not obtain in the epidemic that rendered desolate some happy homes in this section of country. On the contrary all that horrid train of suffering that attended asphyxia was present in all the fatal cases. But as intimated above, numerous opinions are entertained in regard to the pathology, classification, and treatment of this disease; some very high authority maintaining the identity of diphtheria and scarlatina; others contending that diphtheria and croup are one disease; some affirming that constitutional treatment should be chiefly relied upon; while remedies directed to the local affection are merely collateral, others conclude that the local treatment is the most important. The only conclusion that can be reached in the present state of information, is, that in certain epidemics the indications point to the constitution as the proper channel for interference; while in others to control the local affection offers the best chances of favorable results. I am led to grant the predominance of the constitutional symptoms, in certain epidemics over those arising from the effects of the local disease, not from any evidence presented in the epidemic that recently prevailed here,—but from the testimony of those who have observed it in a different form.

Dr. George B. Wood (Pract. of Med. vol. 1, p. 521) in speaking of pseudo-membranous iflammation of the fauces, says: "In the course of the complaint, the disposition to exudation often travels downwards, and the larynx trachea, and even bronchia become lined with the false membrane, which obstructs respiration, and often leads to fatal results. This exudation of the disease constitutes indeed its chief danger. (page 522 he says:

"When the local affection is considerable, the system is brought into sympathy, and fever is developed. (p. 524) By far the most important remedies are those addressed immediately to the part affected. There appears to be a disposition on the part of the writers upon this disease, to hold out the idea that it is to the systemic treatment that we must look for all favorable results. The view I take of it is this; that where the constitutional symptoms are of an aggravated character, the more formidable will be the local disease, the more rapid will be its descent to the air-passages; thus seriously compromising the life of the patient. This is the experience that has fallen to my lot. All that I wish to contend for in this connection is, that the constitutional treatment is secondary in importance, to the local applications; for I believe the majority of severe cases would succumb to the local obstruction, ere the systemic remedies, were they ever so potent, could alter the casis of the blood, neutralize its poisonous properties, and send a healthy flow of the life current, to stimulate anew the depressed nervous system. That local applications do effectually arrest the disease, when used before the air-passages are too seriously implicated, I think a fair trial will abundantly prove. Symptoms,—in some cases there is pain about the angle of the jaw and ear, and slight chilliness with but little if any fever. In others there is a decided chill followed by considerable febrile excitement, a rather feeble pulse, varying in frequency from ninety to a hundred and forty per minute, total anorexia, thirst, and a general debilitated condition of the system. In still another class of cases there is no apparent indisposition, and some swelling of the glands of the neck, is the first thing that attracts notice. Now if the throat be looked into before the disease is far advanced, there will be seen upon one tonsil, and sometimes on both, the characteristic exudation. In some cases small yellow or ash-colored spots will be all that can be seen, in others the whole surface of the gland is covered, and in more aggravated cases, or those of longer duration, the whole fauces will be found to be covered from the velum

palati down as far as we are able to see. In extremely aggravated cases, the morbid substance continues to exude, until a heavy coating of from one to two lines in thickness is developed. The color and consistence of the exudation varies much in different cases. If the downward progress of the false membrane is not arrested, some degree of hoarseness will be observed, but an entire suppression of the voice is rare. A peculiar barking cough is sometimes present, and is evidence of the implication of the air-passages, and consequently an unfavorable symptom. Now if the disease continues unmodified, symptoms of asphyxia cast a gloom upon any favorable issue, in which we may have indulged. The countenance is anxious, respiration is laboriously performed, and calls to its aid all the abdominal force. The patient manifests a restlessness that is painful to be seen—extends the arms upon either side,—throws the body violently from one side of the bed to the other, rises suddenly up, and may even cease to breathe, while sitting erect. Paraplegia has followed a limited number of cases under my observation. I have not any evidence of direct contagion, and conclude that if contagious at all, it is very feebly so, when the disease once prevails. I believe that a want of cleanliness is productive of more cases than would otherwise occur. The treament that I have usually adopted is as follows:

In mild cases, a portion of castor-oil with a few drops of turpentine may be given, using as a gargle a solution of nitrate silver of ten grains to the ounce. If the disease is more aggravated, an emetic may be found beneficial, followed in a few hours with some mild cathartic. Either immediately preceding the giving of the emetic, or soon after its operation, I would apply to the throat, if the coating were very thick, lunar-causic, in substance finely pulverized, touching only those parts which are covered with the exudation. If the coating is rather limited in extent and not very heavy, a solution varying from fifteen to thirty grains to the ounce may be used. The applications will rarely need to be made more than twice

each day, and continue until the false membrane ceases to be formed. I usually administer chlorate-potassa in from three to ten grain doses once in from three or four hours, giving between each dose from one to four grains of quinine. I have thought vinegar steam a valuable adjuvant, enabling the patient more easily to discharge flakes of false-membrane, and any mucus that may be present. I do not hesitate to believe in the attested benefit of different preparations of iron in this disease, but have not resorted to their use. Chlorate-potassa and quinine form the basis of the constitutional treatment that I have employed with very good success. A free use of nourishment should be allowed. It may consist of ordinary food if desired by the patient; when there is anorexia, beef-tea, soups, preparations with milk, wine-whey, etc., may be as freely used as the particular case will admit. After the violence of the symptoms have subsided, and the exudation ceases to be formed, it is a good plan to use some astringent gargle to hasten the healing of the abraded surface, and guard against the re-production of the false membranec. Acetate-lead and Tannin are probably among the best. Either of these may be used in the incipient stage of the disease with marked benefit, and where the onset is not too sudden and violent, may conduct the disease to a favorable issue.

"EX OPTHALMIC GOITRE."

REPORTED TO THE CHICAGO ACADEMY OF MEDICAL SCIENCES. MARCH, 1861.

By R. C. HAMILL, M. D.

I was called December 29th, 1861, to see Mrs. H—., a widow lady, in her 45th year, who was supposed by her friends to be in the last stages of consumption. She had been ill for the last eighteen months, and under the care at differ-

ent times of several physicians, before she came to this city, Nov. 1st., 1860. For three weeks immediately preceding my call, she had been declining very rapidly. She was not confined to her room, however, and came down a flight of stairs to see me.

I found her pale and sallow, reduced in flesh, exceedingly nervous and suffering great dyspnœa. When seated, she was obliged to lean forward to breathe with any degree of comfort. Her cough was constant, short and convulsive and the heart's action was distinctly perceptible across the room. Her hands and feet were always warm, and the temperature of the skin appeared to be above the natural standard. She could not wear so much clothing as others, and was uncomfortably warm in a temperature suited to the other members of the family.—Had at no time suffered pain except in the abdomen. Had frequent night sweats, swelling of the feet and ankles, and diarrhœa, her bowels being moved as often as once in three or four hours, the evacuations uniformly of a light clay color, appetite never satisfied, her tongue small and red, the secretion of urine small. She expectorated during the latter part of the night and morning, from six to eight ounces of tenacious white sputa, pulse 120 per minute. On applying my ear to the chest, a tumultuous, irregular action was observed, but of such an indefined and confused character, that I was unable to arrive at a satisfactory conclusion as to the true nature. The respiratory murmur was totally inaudible, ronchus was heard, only, under the upper part of the sternum. She sleeps on the right side altogether, with her head bolstered up.

The history of the case as far as I learned it at my first visit is as follows:

About one year and a half since, without any premonition, she suddenly ceased to menstruate; concurrent with which diarrhoea set in and has continued without material change up to the present time. Her appetite has been "like that of a child, almost uncontrolable" during a greater portion of that

period. Has not suffered from Leucorrhea, or in any way with disease of the reproductive system since the cessation of the menstrual functions. The diarrhoea, cough, and palpitation being the only causes of complaint. No remedies that she had ever tried had in any degree been attended with relief.

I failed to arrive at a satisfactory diagnosis, and made up my mind to prescribe for the over-working heart, hoping, if I could control its action, to relieve the dyspnœa dependent upon a congested state of the lungs that must of necessity exist, and as a probable sequence relieve the cough and expectoration. Accordingly I ordered veratrum viride ʒ ij—syrup of squills ʒ ij—acet morphine grs iV. One teaspoonful every six hours, with directions if nausea should occur to diminish the dose and lengthen the interval to eight hours.

I saw her again January 1st, 1861. The medicine had been well borne, and she had experienced considerable relief, especially at night. Did not cough so frequently, and had less difficulty in breething, pulse 95, treatment continued.

January 6th. She met me at the door with the exclamation, "Doctor my cough is gone and I have walked this cold evening around this block without coughing once." She had slept soundly all night and could lie upon either side with entire comfort, and had no dysprea for forty-eight hours. Her bowels continued the same and the same inordinate appetite. In further examination of her case to-day, my attention was directed to the remarkable prominence of her eyes, and on enquiry, learned that that fulness had suddenly come upon her, one night, whilst on a steam-boat excursion, about nine years since, and that about the same time the Thyroid began to enlarge. She had been troubled with palpitation some time before this. That she had been treated for the bronchitis with the various preparations of Iodine, internally and externally, without ever experiencing any relief. That she had been nervous ever since, but was much worse since the "change of life," and that about once in five or six weeks she had increased violence of the cough and dyspnœa which would last for a

few days and then subside in part, each succeeding attack apparently leaving her worse than she was before.

The Thyroid gland was not much enlarged and had escaped my observation at the former visits. On examination I found both lobes of the gland elongated and indurated. The gland was crescent shaped, the cornua running up and burying themselves under the muscles of the neck, pressing firmly upon the subjacent tissues. The diagnosis was now clear. I had a case of "Ex ophthalmic Goitre." There was no throbbing of the gland, neither was there any marked fullness in the blood vessels of the head—nor pain in the head. Her pulse now 65 per minute, was still irregular; the nervous symptoms relieved. The state of the bowels remained the same. Auscultation and percussion revealed no organic lesion of the lungs. The veratrum viride was continued once or twice in twenty-four hours, with a view of maintaining the heart's action at its present status. Ext. Hyosciami ʒj, Nit. Silver grs X, sub. Nit. Bismuth ↄji XL pills. One three times a day was ordered for the diarrhoea.

10th. The pills had procured some relief, the bowels being moved only four times in the last twenty-four hours, otherwise as at last visit. Treatment continued.

16th. Found her suffering from a severe form of Catarrh, which was very prevalent at this time in the city. Pulse 90, had taken the veratrum but once a day, bowels the same.—It is worthy of note here, that the occasional pains in the abdomen, of which she complains, ceased, upon discontinuing the use of a hair dressing, composed of lac sulphur and sugar of lead, showing the importance of knowing not only the regimen of a patient, but in some cases of being made acquainted with the mysteries of the toilet. The veratrum to be taken twice a day and the pills continued.

20th. Cough has been very troublesome, and the expectoration larger than ever before, loose, opaque and slightly tinged with green and easily thrown off, dyspnœa but slight, can sleep only on the right side, night sweats, pulse 70, no further

improvement of the bowels. Ordered for the cough, syrup morphine ℥ ij. C. Tinct., Benzoin ℥ ij. One teaspoonful of the mixture every four hours. The pills and veratrum to be discontinued, and the following mixture to be taken instead: Strychnine grs. jss. dilute Sulph. Acid ʒ ij. Mint water ℥ ji.—One teaspoonful three times daily.

25th. Greatly improved in every particular. Coughs and expectorates but little, bowels moved but twice in the last twenty-four hours, pulse 60. The fulness of the eyes appeared to be less, and she thought they closed more easily. I could observe no change in the Thyroid. The strychnine mixture continued, with the addition of one grain of Sulphate of Iron to each dose. Cough mixture suspended.

Feb. 1st. She is entirely free from cough, has no difficulty of breathing, no night sweats, can sleep comfortably on her back or on either side, tongue natural, bowels relieved, needs more clothing and requires as warm a temperature as the other members of the family. The Thyoid is evidently less, and not so hard, and the eyes less prominent, pulse 60 per minute.—Treatment continued.

Feb. 10th. The improvement highly encouraging. The same treatment was continued up to the time of her departure from the city, or the 11th March, at which time she was able to undertake a journey of nearly one thousand miles to her home. The irregularity of the heart's action continued, but I was unable to satisfy myself as to the true nature of the malady, but fear that there is organic leison which will defy the best directed efforts of the Physician.

I was induced to try the strychnine in this case, from the success attending its use in three cases reported by Dr. Murney, in the Dublin Hospital Gazette, and republished in the January No. of Braithwaite, coupled with the highly beneficial results I had obtained in my own practice from that drug, in chronic derangements of the bowels. In the February No. of the London Lancet, C. Hanfield Jones reports two cases, the symptoms and treatment of which correspond in a remarkable degree with this case.

It will be observed that I obtained the same result with the veratrum viride and morphine that M. Trousseau, and the French practitioners derived from full doses of Digitalis Venesection and the cold douche. How much the treatment might have conspired to the permanent relief of the patient, I am unable to determine. The relief to the dyspnœa, cough and palpitation, on the eighth day was complete; but the diarrhœa was in no degree relieved. I should most probably have continued the pills, and occasional use of the veratrum with the hope of ultimate relief, if it had not been for the attack of Catarrh, which I found her laboring under on the 16th January, and which in a great measure had re-established the symptoms that existed at my first visit, the diminished dyspnœa and the state of the pulse, (90 per minute), being the only modifications perceptible at that time. The veratrum viride and the pills were continued until the active stage of the catarrh had passed and resolution supervened, which latter state of the case I found on the 20th, at which time I ordered the strychnine mixture.

There was no change in the proptosis, or of the thyroid gland, from the 6th to the 20th of January that I could observe, showing that whilst the veratrum and morphine had over-ruled the tumultuous action of the heart, and relieved the impending train of distressing symptoms, they had not, in a degree to be appreciated, removed what *I presume* to believe will eventually be found to be the continuing cause, namely, the indurated state of the gland; but left the patient liable to a recurrence of the malady, whenever the effects of the medicinal agent should have subsided, and exposure to an exciting cause should again occur. Venesection or derivative depletion in this case, would have been not only injudicious, in my judgment, but highly prejudicial, and calculated only, to deprive the patient of strength, when she was already in a state of great debility. Although she had a ravenous appetite and indulged it fully without distress to the stomach, yet the ingesta passed so rapidly through the alimentary canal

that a sufficient amount of blood-making material was not absorbed to keep up the powers of the organism.

M. Trousseau advances the opinion that this peculiar disorder should be classed among the "Neuroses." He admits that anæmica is very generally found to co-exist with "Ex ophthalmic goitre" but says that it depends upon a peculiar state of the blood as an effect, not as a cause," and resulting in "a great measure from the general perturbation observed in the function of nutrition." A cause may be of such a character, either from its inherent nature or from long persistent action, as to produce effects that cannot be healed by its removal. In the early stages of diseased function, if the cause be taken away, we have every reason to expect that the healthy organism will be reinstated in accordance with a natural law of the animal economy, but if organic changes have been established we might have a secondary cause, in that effect, operating upon the succeeding links in the chain of physiological relations, which has powers for evil, and is really as causative as if there had been no antecedent pathological action. The order of sequence in the characteristic symptoms of this disease, according to M. Tousseau, constituting the rule, is first, Palpitation, second Ex opthalmos, and third Goitre, co-existent with which have vicious nutrition as an effect. An effect of what? The deduction is, evidently of deranged nervous action, as the treatment indicates. If the poverty or impurity of the blood depends upon the pathological state of the nervous system, it follows as a necessity that that abnormal state of the blood must furnish an unhealthy stimulus to the nerves in return, which to a greater or less extent must debase and pervert their healthy influence. Taking for granted that the nervous system is first in the train of causes and effects, the fluids will be brought a state correspondent to that nervous action, and bear an equivalent relation to that derangement, in the same manner that the two systems do to each other in their normal condition, acting reciprocally on each other perpetuating the disease. If the treatment be addressed, properly, to the nervous

system we can overrule, in a great measure the pathological action, by subduing the capacity for, and the susceptibility to, the offending cause, and thus procure a degree of toleration which resembles health, and if there is simply functional derangement, we may initiate a state of the organism, that will favor healthy action and result, ultimately, in a perfect cure.

This disease, according to M. Tousseau is rarely completely cured. In all the cases that have come a second time under his observation, the thyroid was found to be indurated. This state of the gland itself, to my mind furnishes a sufficient cause for the return of the proptosis and palpitation. Its enlarged and hardened substances pressing upon the vagi nerves suggest, at once interference with sympathies that reach the heart, and the idea is by no means visionary that the first link in the chain of pathological effects may be traced to the gland, and the failure to get a complete cure by the French practitioners may be owing to the fact that they have not recognized the primary importance of this peculiar condition of the thyroid body.

As to the cause of this singular disease I will not attempt even a speculation. The suggestion of Dr. Murney that it has its origin in mental impressions, is plausible. His deduction that bronchocele is the result of impaired innervation, or perverted action of nervous functions, in his locality at least, and not dependent on climate or snow water, as has been alleged in other countries, is new to me, as well as his views in relation to the functions of the thyroid, which he says is "analogous to the spleen, first in a mechanical view acting as a diverticulum to the brain, as we know the spleen does to the stomach; and, secondly, in its pathology; enlargement and congestion of the spleen are often, in certain localities, the result of malaria; very often it is caused by affections of the mind, and the remedy for this affection of the spleen is either tonics or astringents, or both."

In relation to the treatment, I have further only to say that the results obtained from the veratrum and morphine, although

prescribed before I had reached the diagnosis of the case, were in the right direction, and arrested the depleting process carried on through the lungs by quieting the action of the heart and arteries, and allaying the general nervous excitement, but failed to furnish any hystogenic powers to the nutrient system. The strychnine and subsequently the iron were prescribed, with the hope of meeting this feature of the case. The result furnishes all the comment necessary.

The cause of the proptosis is a subject of considerable speculative interest, not so much in a therapeutic point of view, as from the hidden nature of the facts. Fatty hypertrophy, œdema of the cellular membrane and sanguineous congestion have each had their advocates, but have each failed to receive any satisfactory support from post mortem observation. A more probable conclusion, to my mind, is that the same state of pausis, that gives rise to the palpitation, extends to the orbit, impairing the energy of the muscles within it. As evidence of this, we have a drooping condition of the upper eyelid, resembling Ptosis, dependent upon a relaxed or atonic state of the levator muscle which discharges its functions with apparent reluctance. If the other muscles of the orbit are in the same state, as we have good reason to infer from their relative functions and sympathies, then the deformity can at once be accounted for. If the restraining force exercised upon the eye by the muscles proper to it be impaired, the effect would be to let the globe fall forward, and this outward tendency would be strongly favored by the pressure of the arterial circulation. During the paroxysms, which, according to M. Trousseau, are essential characteristics of this malady, it is highly probable there may be sanguineous congestion, and that during their intensity there is pain and fullness in the head; but when the paroxysm subsides, the fullness is only in part relieved—the tension is taken off, but the ex-ophthalmia still exists. Further, in support of this view, the deformity, occasionally, occurs in a very short space of time and without the knowledge of the

patient, the first intimation of its existence being conveyed by some member of the family who has observed the changes. That was the fact in relation to the case of Mrs. H. During the course of my attention to her, I observed no evidence of of congestion or of œdema. The conjunctiva lay in loose folds at its reflection from the globe of the eye lids, which would not have been the case if there had been œdema of the cellular strictures within the orbit, and there was no fullness of the vessels carrying red blood, either to the conjunctiva or the sclerotic coat, which would have been the fact if the vessels within the orbit had been in a state of great vascular turgescence. If it had been produced by sanguineous congestion adequate to such effects, the sudden fullness and pain in the orbit would have demanded the attention of the sufferer;—when, if paresis, from a remote cause, had produced such an effect the want of cognizance could readily be understood.—Myopia, another effect of this malady, in some cases, meets easy solution under this view. When the nerve filaments from the cerrical ganglia of the sympathetic, which animate the longitudinal fibres of the iris are subjected to pressure to such a degree as to interfere with their normal functions, dilation will be the result; which is one of the conditions of the eye upon which shortness of vision is supposed to depend.

Additional support is brought to this pathological view, from the results obtained from strychnia. The peculiar therapeutic action of that drug in certain forms of enervation, where there is no inflammatory action or organic leison of the nerve centres is well known. The benign effects obtained from its exhibition in this case, by Drs. Murney and Jones, furnish strong support to the propriety of the treatment and reflect an argument in support of the opinion that Proptosis is the result of paresis induced by pressure upon nerves distributed to and controlling the movements of the eye.

DE WITT COUNTY MEDICAL SOCIETY.

Society met in Odd Fellows Hall, in Madison, July 2, 1861. The President, Dr. Madden in the chair.

The meeting was opened with prayer by the Rev. Mr. Richards

The minutes of the previous meeting were read and approved.

Drs. D. W. Edmiston, R. T. Richards and B. K. Shurtliff made application for membership. The Censors examined the applicants, and reported favorable to, and recommended their election.

On motion of Dr. Lewis, the report was received, and the candidates unanimously elected members of the Society.

Society adjourned to meet at 2 o'clock P. M.

Afternoon Session.

Dr. Tyler reported an interesting case of what was called Pneumonia, by a so called Eclectic Doctor of Wapella. The disease, however, proved to be an affection of the throat.—The case proved fatal, probably from the error in diagnosis.

Dr. Tyler also presented an interesting case of cardiac affection, which was examined by the members of the society. The case elicited a lengthy discussion, in which all the members present participated.

Diphtheria, the subject for general discussion was taken up, but for the want of time was cut short.

Dr. Wright gave notice that he would read a paper on Diphtheria at the next meeting of the Society.

Drs. Edmiston and Adams, the regular Essayists were not present. Dr. T. W. Davis was also expected to read a paper, but did not. He was excused. Drs. Edmiston and Adams were continued. Dr. Richards was also appointed to read an essay at the next meeting.

On motion, the thanks of the Society were tendered to the Odd Fellows for the use of their hall.

On motion, the thanks of the Society were tendered to Dr. Tyler and lady, for the excellent dinner gotten up at their expense, for the Society.

On motion, the proceedings of this meeting were ordered to be published in the Central Transcript and Chicago Medical Journal.

On motion, the Society adjourned to meet in Mount Pleasant, the first Tuesday in October next, at 10 o'clock A. M.

JOHN WRIGHT, M. D., Se'y Pro. Tem.

BOOK NOTICE.

A TREATISE ON HUMAN PHYSIOLOGY, BY JOHN C. DALTON, Jr., M. D., PROFESSOR OF PHYSIOLOGY AND MICROSCOPIC ANATOMY IN THE COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

We take pleasure in adding our mite of praise to this invaluable and universally popular work. As a text book—in our estimation, it is superior to any in use. While the language is elegant and classical, the author's meaning is everywhere apparent on the surface.

What adds very greatly to the value of the work, is the author's account of his repetition of experiments—both new and old—with a description of the modus operandi of their performance, thereby giving to his labors the freshness of originality—a merit sadly wanting in most works on this subject.

We observe that our author fully sustains M. Claude Bernard's theory of the glyco-genic function of the liver—a speculation which has been roughly handled of late by F. W. Pa-

vy, M. D., Prof. of Phys. in Guy's Hospital, Lecturer, etc., London.

With regard to the sugar-making function of the Liver Prof. Dalton states that

"It has long been known that sugar may be abundantly secreted under some circumstances when no vegetable matters have been taken into the food. The milk, for example, of all animals, carnivorous as well as herbivorous, contains a notable proportion of sugar; and the quantity thus secreted during lactation is in some instances very great. In the human subject, also, when suffering from diabetes, the amount of saccharine matter discharged with the urine has often appeared to be altogether out of proportion to that which could be accounted for by the vegetable substances taken as food.

The experiments of Bernard, the most important of which we have repeatedly confirmed in common with other investigations, show that in these instances most of the sugar has an internal origin, and that it first makes its appearance in the tissue of the liver."

If a carnivorous animal, as, for example a dog or cat, be fed for several days exclusively upon meat, and then killed, the liver alone of all the internal organs is found to contain sugar among its other ingredients.

Again he observes that

"The sugar which is found in the liver after death, is a normal ingredient of the hepatic tissue. It is not formed in other parts of the body, nor absorbed from the intestinal canal, but takes its origin in the liver itself; it is produced, as a new formation, by a secreting process in the tissue of the organ."

Now while we are ready to affirm from experiment and observation that sugar is present in the liver after death, yet we take the liberty of introducing some of the experiments of Dr. Pavy, showing we think, that there is at least room for doubt as to its presence in any appreciable quantity during life.

Dr. Pavy states that

"Under the mode of procedure that used to be adopted, it certainly seemed satisfactorily proved, that whilst the blood in the arterial system was almost free from sugar, that in the right cavities of the heart—that, in part, between the liver and the lungs—was highly charged with it. In obtaining these results, a specimen of blood was collected from an artery and examined. The life of the animal was then destroyed, and by an incision into the right auricle or ventricle their contents were procured. Now unless certain precautions are observed, the necessity for which was not formerly known, such a method of experimenting must inevitably lead to a fallacious physiological conclusion. The knowledge required is of the state belonging to life, and this we fail to obtain unless we operate on blood, cardiac as well as arterial, that is collected at the very instant of death.

Again he remarks that

"I was first led to observe this variation in the condition of the blood that take place immediately after death, whilst experimenting on the injection of blood through some artificially inflated lungs, for the purpose of imitating what occurred during life. I had been in the habit at first of employing blood collected from the right side of the heart after death, but afterwards procured it from the living ventricle, by a process, so to speak of cardiac catheterism, an operation that is easily performed without leading to any sensible injury to the animal. An instrument is used that is specially curved for the purpose. It is introduced into the right jugular vein and passed down through the superior cava into the heart. I was astonished to find the blood thus collected present a totally different behaviour to what had hitherto been considered as belonging to it, from collecting and examining it after death. I had been accustomed to meet with a strong reaction of sugar as belonging to right ventricular blood, but in that withdrawn during life, I failed to discover more than a scarcely appreciable indication of the presence of the sacharine principle."

Again Dr. Pavy says that

"When blood is collected from the right side of the heart as in an ordinarily conducted examination after death, it yields a strong indication of the presence of sugar. In fine quantative analysis I found the proportion of sugar to vary from half a grain to one grain per cent. in defibrinated blood. When collected on the other hand, during life, under natural circumstances, the amount of sugar is certainly not more than is entertained in the arterial system.

Dr. Pavy disposes of the presence of sugar in the liver after death in this manner:

"It now occurred to me to examine closely the chemical relations of Hepatine as far as regarded its transformation into sugar. But, in the first place, knowing that hepatine was convertible into sugar by a kind of fermentation, a foreign substance—a strong solution of sulphate of soda, was injected into the liver immediately after death, to see if it influenced this fermentation and altered the amount of sacharine matter found. The result obtained induced me to proceed. Upon the injection of potash being performed, it was in vain I sought for the accustomed behavior of the liver. But the fact required collateral proof, as it led to so important a conclusion. That the potash had not destroyed the sugar, but simply prevented its formation, was shown by practising the injection upon a liver that had been allowed to remain a short time after death, to permit the production of sugar to take place. The result, under these circumstances, was, that the presence of sugar was as readily discoverable as if the injection of the alkali had not been employed."

Dr. Pavy found that high and low degrees of temperature arrested the formation of sugar in the recent liver. He says:

"The life of the animal being suddenly destroyed, the abdomen is immediately opened and a piece of liver excised as hastily as possible and plunged into the freezing mixture in which it is aftewards moved about; in a short time the liver is frozen hard. On removal it is cut in three slices, reduced to

a pulp in a mortar and thrown, a little at a time, into a small quantity of water contained in a capsule, which is to be kept thoroughly boiling during the process. If the specimen were allowed to pass through a gradual elevation of temperature to obtain the decoction for testing, the experiment would be vitiated, as sugar would be formed during the process of preparation. The liquid procured is a concentrated decoction of the liver. It contains plenty of hepatine, but gives no indication or, at very most, the merest trace of sugar.

So we are led to conclude from the result of Dr. Pavy's experiments that liver sugar is derived from hepatine by a process of fermentation occurring after death, and that this process can be arrested at will by using means that will prevent fermentation.

We find this the second edition is improved and enlarged by the addition of an entire chapter on the special senses, which were only incidentally treated of in the former edition, with many other additions of a valuable and interesting character.

In conclusion, we would most earnestly recommend this volume to the Medical public, as one that should have its place in every well regulated Medical library. F.

EDITORIAL.

Explanatory.—Circumstances of a personal nature over which the acting editor had no control, delayed the issue of the June No. of the Journal so late in the month that it was concluded to issue the June and July Nos. together as a double number. Vexatious delays have again been our lot, but the double number is finally out, and we trust will be found valuable and interesting on perusal. For the future we remark that, having wholly revised our publication arrangements, there will be a prompt issue each month, We have assiduously endeavored to supply all missing Nos. to those applying, and steadfastly believe that by our perfected arrangements, there will hereafter be no omissions from the mailing list.

Surgeons for the Army.—In view of the vast number of the profession now overflowing with patriotic impulses, it is suggested that the various applicants for appointments to the surgical ranks of the army be mustered into distinct regiments, or at least companies like the sappers and miners.—Let them be armed with long catlins and pill boxes, and when in the actual face of the enemy, demand of them, with imprecations as terrible as whilom used in Flanders, that they shall swallow the contents of the latter—or be carved by the former. No opposing force could withstand them—the effect would be surer than bullets, more disastrous than bayonets.

Apropos.—Has there been any response to the fervent appeal of the Dix-ie nurse at Cairo, for a liberal supply of rags for the salivated soldiery in the military hospitals of that delectable seat of war? Our spirit groans and our heart is disquieted within us, when we think of our gallant soldiers who went out from us to defend the nation and in quest of glory, and have secured places in the hospitals and, in this June 1861--calomel sore mouths, necessitating an appeal to the

city and country for store of rags to absorb the abominable flux thereof. In the name of all the gods of war, where are the results of our much lauded Examining Board, now gone into melancholy retiracy?

Will a calomel sore mouth entitle to a pension and bounty land? Will its bestowal entitle the attending surgeon to a medal—leather or otherwise? We pause for a reply.

Measles.—It is not a little remarkable that in the various camps, both north and south, the most prevalent disease by all odds has been measles. The very general employment of vaccination has thus far deprived variola of its traditional terrors. But for rubeola we have, at present, no reliable prophylactic. The only recourse, therefore, is to judicious regimen and treatment. Now, strange as it may appear, the treatment adopted is almost as diverse as the different camps where the disease prevails. In their commendable anxiety to distinguish themselves, it is to be hoped that our military faculty may not be tempted to employ the old, exploded heroic, perturbating methods. Perfect cleanliness, good ventilation, very little medication and a few days time, are all that is necessary for the vast majority of cases. Don't fill the patient's stomach with drugs, or his bowels with slops—give him fresh air and clean sheets. These are the essentials of good treatment.

Dysentery.—This very common disease of camps begins to show itself in the hospital wards. Very serious difficulty is apprehended by some of the fraternity, at home, because the non-intercourse and blockade orders have largely diminished the supply of Ol. Terebin thinæ. North Carolina, the principal source of supply of this potent engine of attack upon the bowels and divers and sundry of their ailments, has by the strong hand of military power been shut up from a large share of "the rest of mankind." Alas for the distressed intestines of the soldiery, unless the stigma of contraband is removed

from this wondrous remedy. We are comforted in the midst of our griefs by the strong probability that our friend of the Nashville Journal, very much addicted to Turpentine in Typhoid fever, by virtue of the secession of Tennessee, need not be restricted in his use of this incomparable agent. We are waiting to see whether dysentery can be met and conquered without this very badly smelling and tasting elixir of life. Possibly it may be, and for ourselves, penitently and in all humility, we throw ourselves into the extended arms of the profession, and confess *ab imo pectore*, sinful soul that we are, that we believe ninety nine cases out of the hundred are better treated without than with the oozing abomination of the North Carolina pines. Free ventilation, clean sheets, a freely operating but mild laxative, once in twenty-four or at the most forty-eight hours, and then steady impression of general and local anodynes the balance of the time, being careful not to starve the patient if the disease persists beyond a few days—these measures we believe will more speedily and certainly carry the patient through, whether in camp, city or country, than all the calomel and turpentine secreted from the bowels of the earth or the woods of North Carolina.

Of the other fashionable method of treatment—salines, we have only to say, it will do if you urge not the salines to sensible effect upon the intestines too often.

Dilatation of the Cervix uteri.—Prof. Beverly Cole, of the Med. Dep. of the Univ. of the Pacific states that having failed in the use of the ordinary cones of compressed sponge he was led to prepare his own tents as follows:

"Select a fine piece of cup or surgeon's sponge, having melted a quantity of blanched beeswax in an ordinary vessel, the sponge is to be dipped into the liquid wax, and immediately placed between two smooth surfaces, (board or marble,) and a weight applied sufficient to compress the sponge and free from the surplus wax; in a few minutes it will be ready for use. By this process a flat cake of compressed sponge is

obtained, from which pieces may be cut of such size and at such times as required. The piece to be introduced should be well oiled and carried to the point of strictures by means of a long and slender forcep."

Pitting in Small Pox.—Dr. Stokes concludes: 1st. That the chances of marking are much greater in the sthenic or inflammatory, than in the asthenic or typhoid confluent small pox. 2d. That considering the change in the character of disease observed during late years, we may explain the greater frequency of marking in former times. 3d. That in the typhoid forms of the disease the treatment of the surface by an artificial covering, such as gutta percha or collodion, will often prove satisfactory. 4th. That in the more active or non-typhoid form the use of constant poulticing, and of every other method which will lessen local inflammation, seems to be the best method of preventing disfigurement of the face.

Question of Ethics.—A correspondent wishes to know "whether it is good ethics for a physician claiming an honorable place in the regular profession to advertise with a "puff" in his county paper, that he is a regular physician, and gives special attention to diseases of the lungs, and diseases of women?" The reply is forced upon us that he violates the spirit and letter of the "code." Nevertheless the practice has become so common, even in large cities, and among the notorieties of the profession, that the question resolves itself practically into one of aesthetics rather than ethics. In our opinion, it is vastly more creditable to openly advertise and honestly pay for such a notice, than to toady and bribe the "locals" of the city and country press to lug one's name into the "dreadful accident" and "remarkable events" columns, as the manner of some is.

We never could see any particular superiority in dignity over *dead-heading* printers, editors, devils and reporters, in practice for the sake of being characterized in the newspaper

columns, as the eminent, well-known, distinguished, skillful, experienced and learned Dr. So-and-so"—and in writing out one's own advertisement and paying for it like a man. As to the specialism involved, that is all *gammon*, of course, as the profession and intelligent part of the community already well know.

Climatic Influence.—The climate of California which seems remarkably favorable to recovery from the effects of severe wounds and surgical operations, according to the testimony of Dr. E. S. Cooper, appears to aggravate the effect of injuries of certain fibrous tissues. Sprains and bruises about the joints are exceedingly intractable, kindling up disease very apt to involve the subjacent bones. So also injuries of the periosteum. Difficulties of this species, which would be accounted trivial in the eastern states, there become of serious moment, and require extraordinary attention. Is this not attributable to the peculiar desiccant influence of the California atmosphere? In our own practice we find that persistent warm or even hot and moist applications are preferable to all others in relieving the effects of sprains and bruises in the region of joints or osseous surfaces.

The Placenta and the Phenomena connected with the animal and organic nervous system.

The modus operandi of various kinds of baths, sea-bathing, heat and cold, physiologically explained. Monographs by John O'Reilly, M. D. 1861.

The author of these monographs has been singularly industrious in prosecuting his researches into the phenomena of the nervous system. Without developing any essentially new ideas upon the subject, he has nevertheless succeeded in clearly stating propositions which are too often veiled in voluminous obscurity of language. It will be impossible for us to follow him in anything like an analysis of the pamphlets before us. In fact they scarcely claim to be more than analyses them-

selves. We need hardly do more than to direct the attention of that class of our readers who have devoted study to the subject, to these and others of Dr. O'Reilly's essays as worthy of their perusal, not as containing views worthy of their adoption indiscriminately, but as both suggestive of thought, and as evidence that thoughtful investigators are gradually freeing themselves from bold chemical mechanical, or worse than either, vague and empty *immaterial* notions. Dr. O'Reilly has made several steps upward from the cloudy speculations, and unsupported cob-webs of Prof. Paine, towards those clearly developed expositions as of the mechanism of nervous action which the latter gentleman characteristically misunderstood, and, misrepresenting, reached forth his skinny and ink stained digits to claim the offspring of his own brain.

There are, however, a few points in these pamphlets before us which we incidentally notice.

1. The author appears to recognize only stimulation and sedation of the nerves.

2. He speaks often of "contraction and relaxation of nerves."

3. That medicines act as antidotes.

4. That all nervous action is reducible to increase or diminution of motility in capillaries or nerves.

5. That poisons do not act by absorption but on the organic nerves.

In replication we aver:

1st. That the phenomena witnessed are wholly inexplicable unless something more than a quantitative change is admitted.

2d. That the phrase "contraction and relaxation of nerves" has no warrant either in observation or theory.

3d. That medical action is multitudinously various, not merely antidotal.

4th. That modification of motility either in capillaries, muscle or elsewhere, is but a single incident of nervous action, and that not an essential one.

5th. That the instances cited, by the author himself, most positively and conclusively prove that the majority of poisons act by local or general absorption, or both.

Our own views have been long before the profession. With regard to them, although our rightful claim to priority of elucidation was warmly contested, *the evidences are of record*, and we "bide the time." It is not our taste to haggle over priorities, especially with those who have but a glimmering of the matter. But we do rejoice to see the evidences of gradual approximation to the level of the true doctrine of nervous action, as first generalized and expounded by the present writer thirteen years ago, and "impressed" upon all his writings and lectures since. With Dr. O'Reilly's acute mind and industrious habits, both of study and writing, we shall expect him within a very brief period to shake off totally the trammels thrown around him by speculatists of the Paine stamp, and prove himself what he is capable of being, what he yet is not, an original and independent thinker and discoverer. Let him recognize *the molecular changes* which precede and follow the nervous phenomenon. Let him observe the uniformity of conduct of the fibre with whatever tissue its extremities may be in contact. Let him observe that the connection of nerve fibre is no more intimate with the, so-called, nerve vesicle than with the other changing cells or fluids with which its extremities are in relation. Let him observe that the character of the change produced by nerve action depends, not upon the nerve itself, but upon *the structure* which it influences. Let him recollect that to influence this nerve fibre with whatsoever "stimulus" it must be reached. If by medicine, by local absorption, or carried thence by the moving fluids effecting molecular and consequent nerve changes elsewhere—medicating or poisoning the blood as it occurs.

The operation of medicines through the nervous system and by absorption, are not incompatible as the vitalists vehemently assert, and as Dr. O'Reilly, in spite of his own senses to the contrary, still seems to believe—they are positively necessary to each, coincident and correspondent. The time has gone by when it must be believed either that the body is all fluids or all nerves. Solidism and humoralism in these latter

days have laid down together, and the true medical philosopher, humble as a little child before the teachings of nature, leads them in perfect harmony.

Constitution and By-Laws of the St. Paul Academy of Medicine and Surgery.—This neatly printed pamphlet, received from our esteemed friend Dr. D. W. Hand, evinces a state of facts exceedingly creditable to the flourishing city of St. Paul. Although numbering but nine members, at the end of a year from its initiation its permanency and success is established beyond the remotest doubt. Notwithstanding the monetary depression, the Society has been put in possession of two spacious gas-lighted rooms, suitably furnished, a superior microscope, an analytical chemical apparatus, an electrical machine, and has laid the foundations of a Medical Library. The Treasurer reports cash receipts during the year $620.72; expended, $462.93; balance on hand, $367.07. They adopt the National Code, and invite the visits of all traveling physicians.

This is the kind of Medical Society which we have long dreamed of as desirable—not a mere debating club, or where doleful and doubtful essays are read to yawning auditors; where dubious practice is bolstered up by lumbering and questionable relation of experiences; but where the solid foundations of study, observation and comparison may be laid. We commend the example of St. Paul to each town where congregate any nine regular physicians who really love the profession and do not merely choose to bray over its reform, elevation and dignity in very asinine fashion. Look at it—*nine* professional gentlemen, loving and seeking to honor their profession, neither start a reform school or a debating club, but sensibly contribute nearly *six hundred and fifty dollars*, in a single year, to get the means of doing something for the profession, the best and speediest method whereof being to bring themselves up to the level of the highest, by making use of the means which the fruitful science of the time commends to their hands.

What might not the city of Chicago do with similar effort and liberality?

Chicago to-day is the hot-bed of quackery in all its repulsive forms. The profession is torn with petty cliques, and stunned by the clamor of noisy "reformers." The pitiful followers of that pitifullest of all impostures, Homœopathy, receive here a countenance and support from many, even in the so-called higher classes of society, which make the intelligent members of the profession blush for human nature, and hang their heads for very shame that they have to compete for practice on that low level. We call upon the profession to assert itself, not by empty resolutions and kill-joy societies, but by imitating the example worthily held up to them by the little city of St. Paul. Anybody can talk—Good Heavens, we have had talking and writing enough—now who will do something? Meanwhile, St. Paul, here is our ☞.

Third Annual Report of the Chicago Charitable Eye and Ear Infirmary.—This institution, organized and conducted under the auspices of a number of the leading, public spirited and philanthropic citizens of Chicago, still continues its humane and highly useful career. We learn: That during the year ending May 1, 1861, two hundred and eighty-eight patients have been under treatment; namely: two hundred and thirty-seven with diseases of the eye, and fifty-one with those of the ear; making an aggregate of five hundred and eighty that have been treated since the opening of the Infirmary, three years since.

The Trustees are highly gratified at the general success attending the treatment employed, and from the results feel warranted in urging attendance at the Infirmary by patients at as early period after attack of any of these various forms of disease as possible. Considering the deplorable effects of tampering with organs so important as the eye and ear, we look with great favor upon an institution, eminently calculated as this is to prevent unhappy patients from falling into the

hands of the ignorant horde of professional oculists and aurists with which this, as well as all other large cities, abounds. We extract the following sensible and pertinent observations:

"The Surgeons would earnestly impress upon the minds of the trustees and of the public, that the great object of Charitable Eye Infirmaries is the *prevention* of calamities—the most terrible that can befall a human being. By furnishing the poor with gratuitous treatment for diseases of the eye, they remove the fear of expense, and thus encourage such patients to apply for medical aid in the earliest stages of disease, when most easily relieved. In this way they prevent not only blindness, but idleness and pauperism, with all their attending evils.

"Prevention of these evils is more politic, vastly more economical, and more in accordance with an enlightened humanity, than efforts to alleviate their sad and deplorable effects, after they once exist. Even on the ground of economy alone, is it not a matter worthy the careful consideration of all tax-paying citizens, that more than four thousand poor patients are annually treated at the New York Eye Infirmary, at an expense of only about *one dollar each*, while a class of less than one hundred pupils is maintained in the Blind Asylum of this State at an expense of not much less than *two hundred dollars each!*

Trustees—Walter L. Newberry, Flavel Moseley, William H. Brown, Samuel Stone, Charles V. Dyer, Dr. John Evans, Luther Haven, Cyrus Bentley, Ezra B. McCagg, John H. Kinzie, William Barry, Philo Carpenter.

Board of Surgeons—Consulting Surgeons, Prof. Daniel Brainard, M. D., Prof. Joseph W. Freer, M. D.; Attending Surgeons, Edward L. Holmes, M. D., Edwin Powell, M. D., Trustees Ex Officio.

The Dispensary of the Infirmary, in Ewing's Block, corner of North Clark and North Water streets, is open daily, from 11½ to 1 o'clock, for the graituitous treatment of the poor, afflicted with diseases of the Eye or Ear.

The Right Man for the Right Place.—The attention of the reader is especially solicited to the article which is reproduced on other pages from the *Am. Med. Times.* Every word of it is pregnant with truth, and as *pat* to this meridian as that of New York. With the exception of Prof. F. H. Hamilton, appointed to the Thirty-First N. Y. Regiment, we scarcely know of a surgeon of general eminence who is to be found in the military corps of the grand army of the United States. In the Southern army it is understood that this is quite different. Are not the surgeons of the Union as patriotic as those of the "Confederacy,"—or are the several State Boards of Medical Examiners, thus far selected, of such a character that self-respect will not permit either to go before them, or afterwards put themselves on the level of the "irregular practitioners, retired physicians, disabled political doctors, physicians unable to obtain a livelihood from sheer incapacity (who) have emerged from the Green Room, full fledged Army Surgeons?"

We might go a step farther than our *confrere* of the *Times*, and inquire: Are the Examining Board of the regular army up with the times, or do they survive in rank and position by virtue of the *prestige* acquired many years ago? The piping times of peace, during which these estimable gentlemen have been smoking their cigars and drinking their claret, have been prolific of medical advancement and discovery. We do know some that have kept pace therewith and some—quite otherwise.

It is true that the examinations for the regular service are conducted with very considerable vigor, but if *wrong answers are required to the right questions*, the applicant had better not pass, either for his own good or that of the unhappy soldiers who are committed to his charge. We admire a steady conservatism which prevents the incursions of wild theory and causeless innovation in practice, but we do not admire, or love or in any wise revere that stony inertia which resists all progress, and disowns all advance, which ignores all discovery and permits no place to new methods. Let the profession be

represented, at all events in the volunteer service, by men alive to the influences of the times, whilst thoroughly grounded in the wisdom of true science. Let the eminent men, not merely notorieties, be so indicated by professional opinion, that they can, without dishonor or discredit, accept positions in the army service without being obliged to seek back-stairs political influences, and running a tilt with all sort of competitors, like applicants for Washington clerkships and four-corner post offices. As it is now we see little hope of escape from the dilemma, unless the general government takes the matter wholly out of the hands of the petty politicians, who, for the most part, at the present time occupy the several Gubernatorial chairs in the loyal States.

Puerperal Convulsions.—A medical friend in the city has detailed to us, within a few days, a recent case of severe puerperal convulsions wherein venesection to the extent of thirty ounces, in an apparently favorable case, produced no mitigation, but rather an aggravation of the symptoms, but which was speedily relieved by Chloroform. The day for reliance upon bleeding in this distressing malady has gone by. Chloroform is now the central remedy.

A Treatise on the Practice of Medicine. By Edwin R. Maxson, M. D., formerly Lecturer on the Institutes and Practice of Medicine in the Geneva Medical College. Philadelphia: Lindsay & Blakiston; 1661. 8 vo., pp. 705. From the Publishers.

This is another of the strictly American works, the number and character of which, we are happy to see, are gradually becoming more respectable.

In the very modest preface, the author informs us that this volume is essentially a resume of his course of lectures at the Geneva Medical College, written during scanty leisure hours snatched from the duties of an active professional life. It is therefore a transcript from the record of experience of an intelligent, well educated and successful practitioner, giving

upon every page distinct evidence that while the author is familiar with the literature of the profession, he is at the same time imbued with strong practicality of views, which prevents him from being a mere compiler or rehearser of old time or new time dogmas. We do not hesitate to prophesy that "Maxson's Practice" will become a popular volume with practitioners, although not characterized by any strikingly original views in a strictly scientific sense.

In the discussion of each subject the author glances at the anatomy and physiology of the part treated of, being anxious "to have the mind of the reader fixed on the diseased part and its conditions." He observes: "I have attempted to draw up the work without even the shadow of empiricism, by taking the human system in health as the standard; and then noting the deviations from that standard, constituting the various morbid conditions or diseases. By taking this course I have been enabled to arrive at clear indications of treatment, from direct pathological conditions, for every prescription which I have made. This course by no means precludes the benefit of experience in the use of remedies; as remedies which are indicated from pathological conditions are always those which experience finds the most successful. I have preferred, then, to arrive at them in this way, rather than empirically, as it tends to lead the mind of the student and practitioner of medicine to prescribe for *conditions*, without reference to names."

This is most irrefragable common sense, and precisely wherein most writers and teachers of practice fail. It is true, most will admit the correctness of the abstract proposition, but unfortunately each one is wedded to some theoretic figment, or fastened astride of some hobby-notion, which vitiates too too many of his conclusions. Dr. Maxson has pretty generally steered clear of this difficulty, and even where we fancy that we can see pretty strong indications of his adhesion to views we cannot ourselves receive, his keen practical sense has triumphed over his abstract opinion. It has been his ambition to furnish the profession with a useful book, indicating

the rational progress of medicine, and not merely to attract attention and admiration by making it the vehicle of startling novelties and questionable methods. We venture to pronounce it, in the main, a success, and highly creditable to him both as an author and practitioner. It has been very little if at all heralded by anticipatory puffs or extravagance of laudation, but it will take rank at once among the *timely* books, and its author merit and receive the thanks of the working part of the profession.

The volume is printed in the usual excellent style of its distinguished publishers, but we regret to notice a very considerable number of typographical errors, which however a subsequent edition will of course correct. None of them, so far as we have noticed, are other than mere artistic blunders, the sense being uninjured. Written as the work is in the free almost conversational, style of the lecture room, there is at times a little looseness of expression, and occasional repetition, which we commend to the author for subsequent revision—we only mention them because we expect to see hypercritical reviews, with which unfortunately the medical world abounds, seize upon them triumphantly in order to make a glowing display of their own wisdom and littleness.—We do not like to favor snarling dogs with even a bone.

The work is divided into fifteen chapters, from the titles of which it will be seen that a general survey of the subject is given, viz:

Chap. I—Disease. Ch. II—Irritation, congestion, Inflammation. Ch. III—Fever. Ch. IV—General Fevers. Ch. V—Exanthematous Fevers. Ch. VI—General Inflammatory diseases. Ch. VII—Diseases of the Nervous System. Ch. VIII—Dis. of the digestive system. Ch. IX—Dis. of the respiratory system. Ch. X—Dis. of the circulatory system.—Ch. XI—Dis. of the Eye. Ch. XII—Dis. of the Ear. Ch. XIII—Dis. of the Skin. Ch. XIV—Dis. of the Urinary Organs. Ch. XV—Dis. of the Genital organs.

By the praiseworthy exclusion of either original or quoted

theorizing from his pages, the author has found abundant space to notice this very extensive series of subjects quite satisfactorily, and to elucidate principles and methods of treatment, more nearly brought up to the level of the times than in any other book on the subject we now call to mind. In some particulars, however, we shall take occasion to dissent from his practice somewhat. Thus in the treatment of intermittent and remittent, we might remark that the doses of quinine are not by any means sufficient to cope with those diseases as they occur in the west and south—although they may answer well enough in the author's particular locality. We must not omit to state that the new remedies, and new forms of administration of old remedies, are fully brought forward into common use. We heartily commend this book to all of our readers.

Bed Sores.—Dr. Loomis Bauer has found the following ointment very serviceable in relieving bed sores:

℞ Glycerine optimæ, ...	ʒ v
Coque et adde, ...	ʒ j
Amyli, ...	ʒ ss
Ext. Belladonnæ, ...	gr. iij.

M. ft. ungt.

En Rapport.—A cotemporary Medical journal has a *spiritual communication* from a supposed defunct anatomist, late of this city, and more recently from Pike's Peak. It is supposed that in his gold digging in the latter region, he prosecuted his investigations to such an unusual depth, that instead of returning, he kept on and has enjoyed a resurrection among the antipodes. As usual in this kind of communications, the information imparted is of such questionable sort, that we are led to exclaim over the departed, as did the poetical philosopher over the still-born child:

"When I think how quickly he was done for,
I wonder what he was begun for!"

Summer Course of Instruction in Rush Medical College.—The Summer Course in Rush Medical College was conducted by the gentlemen having it in charge, without interruption, throughout the period for which it had been announced in the annual circular. It was in every way successful, and the students in attendance express themselves in high terms of commendation of the teachings of the several instructors. We cannot forbear saying thus much, for we have noticed that the organ of a little clique which lives only upon its hatred and misrepresentation of this old established institution, for a purpose easily to be surmised, gravely announces the *discontinuance* of the summer course in Rush Medical College. Such pitiful exhibitions of spleen are scarcely worthy of *some* of the gentlemen connected with even that little coterieof disappointed individuals. One of these persons, claiming a certain amount of moral and even religious character, positively informed a patient, a few days since, that he had never heard of Dr. ——, with whom he had been a colleague in medical teaching for the greater portion of the last ten years! A reduction to such extremities argues a great want of faith in the individual's own hoarse eloquence about the "elevation of the profession." We commend him to his "class-leader."

Coffee as a Remedy for Pertussis.—The Boston Medical Journal revives the practice of M. Jules Guyot, of administering strong coffee for whooping cough. In one case a little girl six years of age was immediately relieved by doses of a tablespoonful and a half of strong coffee sweetened, but with milk, three times daily. "She had not a single whoop, after she began to take it." Other cases of marked relief are reported. Good, pure and strong coffee is to be used, the limit of the dose being the unpleasantly stimulating effect. A child of eighteen months will take half a cup of pretty strong coffee without any noticeable injurious effect. A little more experience is needed, and meanwhile we say,—"Important if true."

Quinine as a Prophylactic.—The Cleveland *Med. Gazette* for July urges the use of quinine as a prophylactic to intermittent fever. It observes: "We believe that all troops, stationed or marching, through malarious districts should be compelled to take from four to six grains of quinine daily.—Particularly should this be enforced at such places as Cairo, and by all sentries exposed at night, in localities where malarial diseases are prevalent. Every physican who has practiced in the great malarial districts of the west, we presume, is acquainted with this fact."

We must be allowed to observe that our own experience, based upon some fifteen years practice in a highly malarious western district, (not in Chicago where agues are as "scarce as hens' teeth,") has convinced us that this proposition is too sweeping. Where soldiers or civilians are exposed to malarious influences but for a few days at a time the practice is perhaps well enough, but when they are to remain any considerable length of time we should be despoiled by this practice of a valuable remedy. The system rapidly becomes accustomed to quinine, as to other cerebro-spinants, and inordinate doses are readily borne and necessary after tolerance is once established by use. The great objection to quinine is not its producing congestions or organic changes, but the evanescence of its influence. Scarcely any remedy is sooner climniated, and the simple "anti-spasmodics" assafœtida and valerian, do not sooner lose their power over the nervous system by repetition. Our own practice has invariably been to use quinine as an anti-periodic freely and in full doses, but not at all as a continuous remedy. The ordinary vegetable bitters and mineral acids are, in our experience, preferable where a continuous impression is sought. The decoction or Tinct. of Cinchona with the addition of Aromat Sulph. Acid answers a good purpose, but we especially prefer the Dilute Nitric Acid in moderate doses. The important point is to keep the health of the soldier above the level of the disease, and this object is to be secured by hygienic rather than

medicinal measures. But if any of the various forms of intermittent do occur, then arrest them at once—*at once*, with the quinine. Every hour the disease continues enhances the liability to a subsequent attack. Quinine will about infallibly do this, unless its efficiency has been previously exhausted by frequent use. We have scarcely met a case where by proper combination we have not been able to give this capital remedy as an anti-periodic. According to the circumstances of the particular case, any peculiar unpleasant effect it produces upon individuals may be counteracted, without impairing its febrifuge powers, by combination with the preparations of opium or other narcotics, capsicum, bisumth, hydrocyanic acid, antimonials, veratrum viride, alcohol, etc. None of these will prevent its anti-periodic impression. The great trouble in its use arises from the utter tolerance established by its continuous administration. Our opinion is summed up in the proposition that Quinine is inestimable and invaluable as an anti-periodic, and *ne plus ultra*.

Compliment to the Medical Profession of the United States.—The chairman of the great Sanitary Commission, advisory to the Medical Bureau of the Grand Army, is a Unitarian preacher, distinguished especially for his advocacy of theatres and dances as not necessarily mortal sins. It is understood that Phineas T. Barnum, Esq., and Mons. Blondin are to be honorary members, in consideration of the eminence they have respectively attained in their respectable avocations.—We respectfully beg leave to nominate the steamboat man, Geo. Law, Esq., and the renowned Christopher Carson, whilom guide to the Maj. Gen. John C. Fremont over the Rocky Mountains. Meanwhile we have not a word to say about the Rev. Dr. President of the Sanitary Commission, any more than about the Right Rev. Bishop of Louisiana, who has doffed the robes of the spiritual church militant for the togs and small sword of the carnal general of a militia division. Our only fear just now is that we may be forced from the medical editorial tripod to fill some vacant pulpit.

New York Dental Journal.—This very readable and valuable Journal is well worthy the support of our friends immediately occupied in that branch of remedial art. May we call the attention of its editors to the fact that in the July No. they have ascribed the article "Removal of Parotid Tumor" to R. L. *Mead*, M. D., etc., instead of R. L. *Rea*, M. D.; and that both that and the following article on Puerperal Convulsions should have been credited to the Chicago Medical Journal? We dislike particularly to have other parties held responsible for our utterances. The omission in this case is clearly through inadvertance, and hence we can allude to it with greater freedom than to many similar ones we could mention, where our ideas and expressions have been bodily appropriated.

Iron in Cutaneous Diseases.—Prof. Cooper recommends strongly the use of the Ferro Cyanuret of Iron in doses of from two to four grains, gradually increasing, three times a day to children of a year and upwards suffering from *tinea capitis*. The remedy should be continued if necessary for several months. Locally he applies every third or fourth day an ointment consisting of equal parts of camphor and tar ointment with the addition of an eighth part of chloroform.

In the varieties of Psoriasis seen in California he commends an aqueous solution of the Pot. Tart. Ferri: two ounces to three of water—to be well shaken and applied every day to patches. The same solution is found useful as a local application to phagaedenic ulcers.

Eczema.—Local applications of caustic potash in various degrees of solution according to the apparent depth of the affection are again rising in favor, scabs and scales if any, should first be removed by use of warm oil and spiritus saponatus.—Subsequent irritation to be relieved by warm or cold water dressings as may be indicated.

Ephelis.—This annoying affection so common during pregnancy, sometimes remaining in a chronic state long after, rarely requires constitutional treatment. Daily ablution of the part with a mild solution of carbonate of potash, and after thoroughly drying it, applying with a sponge a lotion composed of equal parts of lemon juice and proof spirit, will generally remove the discoloration in a few days. The lotion should be continued however for a considerable period to secure a complete cure. Should this fail, a week solution, say a grain to the ounce of water, of Hydrarg. Bi. Chlorid will probably succeed.

It may be mentioned that among the manifold uses of Chlorate of Potash, not an inconsiderable one is its efficiency in several varieties of cutaneous disease—this among others.—Acne is particularly amenable to it. A solution of thirty grs. to the ounce of water is a suitable strength for a lotion for eudermic application.

Prurigo Pudendi.—Local applications are of little avail, although in some cases temporarily palliative. The symptoms being evidently of a reflex character, probably dependent upon irritation of the os and cervix uteri, as might be easily made manifest we have for many years been in the habit of directing local applications to the os, and upper portion of the vagina, of Belladonna or other narcotic, either in the form of ointment, applied directly upon the part, first dried by a sponge; or what is more feasible in practice in aqueous solution by vaginal injection. Nearly the same effect can be produced by exhibition per rectum. A much smaller quantity, however is requisite in the latter case.

If the ointment is preferred, it should be applied very carefully over the os in the proportion of one part to five or ten of the cerate. The injection may be used in the strength of from five to twenty grains to the amount of menstrum employing two or three ounces at a time. The recumbent position should be continued for one or two hours. Should symptoms of con-

stitutional affection be manifested, the parts should be freely washed so as to remove any portion of the medicine remaining. There is to be but little trouble to be apprehended from this cause, as much the larger proportion of the injection fails to be retained.

When the prurigo has been present for some considerable length of time the local change in nutrition in the labia is prone to exhibit itself in papules, aphthae and sometimes even very considerable thickening and induration. When these occur, the local treatment becomes useful as subsidiary, but cannot be relied upon for cure which requires removal of the cause. Several cases have fallen under our observation where caustic applications had been freely applied to the os without benefit, and indeed with some aggravation of the symptoms, but which were speedily relieved by the direct application of the Belladonna ointment. In our experience the carbonic acid gas has not proved of much service for this purpose. Chloroform proves too irritating, either in the form of vapor or as commonly diluted with Olive oil or Glycerine. Occasional advantage has been derived from the addition of from forty drops to a drachm to the ounce of Glycerine, or simple cerate, rubbed up with a few grains of morphine. In all cases of this troublesome difficulty too much stress can scarcely be laid upon the importance of careful regulation of alvine evacuations. Indeed very many cases require no other treatment. For this purpose laxatives of the mildest character are indicated.

Inflammation of the Mamma during Lactation.—Among the most common and troublesome of the dificulties of early lactation is inflammation of portions of the mammary gland. It seems upon observation of the methods of treatment in vogue that some practitioners overlook what is frequently the essential cause of the disease, to wit, a disordered condition of the uterus. An almost endless variety of local applications to the gland itsef are proposed, many of them well adapted to

relieve the local difficulty, but in very many cases all these prove of little avail. Recourse must be had to measures which will correct the morbid state of the uterus or its appendages. In every case presented, this requires especial notice. The synergies of the uterus and mammae are perhaps more remarkable than any others in the system. The mere presence of the lochia, and absence of uterine pain or tenderness, will not alone disprove the presence of grave uterine irritation which is expended in reflex symptoms manifested in one or both of the breasts. In our experience, attention to the condition of the uterine organs furnishes the best prophylactic against mammary abscess. Refrigerant and sedative applications to the breast, keeping it lightly covered or wholly exposed, thoroughly drawn, and then relieving uterine disorder by such remedial agencies as may be indicated, have succeeded in preventing the formation of abscesses which seemed irrepressibly imminent. Whereas, in similar cases, reliance upon local treatment, of the most varied character, has wholly failed to prevent thei rformation. It is deemed unnecessary to do more than to call the attention of intelligent practitioners to this idea, in order to materially modify the practice too often depended upon.

Abortive Treatment of Typhoid Fever.—Prof. Austin Flint, in a recent clinical lecture, whilst admitting that his own ideas are not settled upon the point, nevertheless thinks that the results justify further trials of the remedies to this end. He appears to incline to the opinion that opium is the more important agent. Dr. O. C. Gibbs, in commenting upon this practice, suggests four grain doses of opium with ten or twelve of quinine. He says: "The remedial powers of quinine, we are confident, are not sufficiently appreciated by the profession. This combination may not be adapted to all cases, but having given it in puerperal fever, pneumonia, and a variety of other febrile diseases, with a success that is satisfactory to us, we should not fear to give it

a trial in nearly every case of typhoid fever. Such cases here have been remarkably few, but to such as have fallen under our charge in the last two years, we have given the remedies, in smaller doses it is true, but oftener repeated, and never to our regret."

In those cases where remittent fever assumes the continued or typhoid form, we have been in the habit of using this combination with great confidence and advantage, but in ordinary typhoid, whilst the opium has proved itself in full doses an admirable agent, we have found little benefit from quinine, except, perhaps in the later stages of the disease. We have no confidence in any remedy yet presented to avert the disease, although we see no reason why something may not yet be discovered which will do the work. But judicious use of the means we already have will, in nine cases out of ten, conduct the patients to convalescence in from twelve to sixteen days. We have elsewhere enlarged upon this point.

We live in Deeds not Words.—A blatant medical reformer in this city distinctly and knowingly violated the "code" Sunday, July 21st, and Monday, July 22d inst, and this is with him an everyday occurrence, as many gentlemen of the profession in this city will testify whenever required. We give due notice to this gentleman, and any other especial advocates of the "elevation of the profession" that we shall make an *expose* of these unprofessional acts, unless a speedy stop is put to them. We suggest that it is better to elevate than to be elevated. Meanwhile "the rod is in pickle."

Medical Communications and Proceedings of the Connnecticut State Med. Society. Sixty-ninth Annual Convention, Hartford, 1861.—This is a very interesting pamphlet, being the second number of the volume, the whole being now published so as to be preserved in a permanent form. President Woodward's Annual Address is upon the somewhat general subject—Life. Amid a variety of ingenious speculations of a

highly interesting character, are interwoven many valuable suggestions of a practical nature, and doctrinal ideas worthy of reflection.

Dr. J. B. Lewis furnishes a well written article on hereditary predisposition; and Dr. L. S. Wilcox a Sanitary Report for the county of Hartford, 1860. Dr. Wilcox from his statistics finds that while the average proportion of mortality of females to males under five years of age is as 100 to 110 8-100 that from this age to forty-five the proportionate mortality of females increases. The indications from these and other statistics is that taken together in all ages, nature very fairly maintains an equilibrium.

Several prominent medical men, now deceased, in the State are suitably memorized. The most generally eminent of those noticed is Prof. Wm. Tully. Prof. Tully was unquestionably one of the most generally learned men of our profession this country has known. His services to medicine more particularly consist in the result of his large attention to many indigenous remedies—we may mention Conium, Sanguinaria, Cimicifuga, Veratrum, Asclepias, etc., etc. With vast attainments, the mere stealings from which have made many little men notorieties, he had very little practical tact, and within our own memory failed as a successful general practitioner of the healing art. He was emphatically a man of books—a walking cyclopædia. Intensely wedded to his peculiar ideas, no unfortunate practical result whatever could shake his unwavering confidence in his preconceived theories. With little in his private deportment to attract friendship, he commanded respect by the unsurpassed extent and variety of his acquirements. His own life, like his semi-finished work on materia medica forcibly illustrates the *embarrass du richesse.* He never organized his knowledge into a faculty, or could wield it as a power. Thus his works, like his life, are almost invaluable to the medical scholar, but of limited worth to the plain practitioner.

We can put our hands upon at least half a score of gentlemen who have become the next thing to famous, by simple *absorption* from the writings of Tully.

Judging by its fruits the Connecticut State Med. Society is a prosperous and highly useful institution.

Oil of Turpentine as an Anaesthetic.—Among the manifold uses to which this article has been put, Mr. John Wilmshurst in a communication to the London Lancet, March 1861, introduces anæesthesia. He avers he has tried it, administered sprinkled upon a handkerchief, by inhalation, in several cases of severe neuralgia and minor surgical operations, and that it seems to allay pain, nervous irritation and spasm without deranging the action of the heart, and produces a calm anæsthetic sleep. *Credat Judæs Appella.*

Teeth Drawing without Pain.—Rub the gums with the following solution by means of a bit of lint or cotton steeped in it: ℞ Chloroform ℥ iss., Tinct. Aconite, Spts. Vini aa ℥ j Morph. Sulph. gr. viij M. For which the American Druggists' Circular is responsible.

Epilepsy.—Prof. McGugin, of the Iowa University, strongly recommends the Hydrocyanate of Iron as an empirical remedy, and says that several cases under his treatment had no doubt been cured by it. He first suggested its use for this purpose.

Quinia.—The Society of Pharmacy of Paris, have offered a prize of six thousand francs for the discovery of a substitute for quinine, or for a method of artificially forming it.

The Year Book.—Owing to the stringency of the times, and consequent limited number of subscriptions, Dr. O. C. Gibbs has postponed the issue of his contemplated "Year Book of American contributions to Medical science and literature.

Medical Colleges.—Apprehensions of unprecedented mortality exist among the colleges. The young gentlemen are either off to the wars, or are brief in finances from similar military causes. The peculiar position of Chicago is such, however, that we feel warranted in stating to that considerable portion of our readers who have an interest in the matter, that the prospects of Rush Med. College were never more flattering than at present. The Secretary informs us that the number of letters of enquiry received thus far, materially surpasses those at the same period last year. Notwithstanding this, however, we shall not be surprised to hear that the total number of medical students in attendance upon medical colleges throughout the country, will scarcely be more than half or two thirds the usual proportion. We hear that one of the prominent eastern schools which has usually had a class of not less than five hundred, thinks that it will do well if it secures one hundred and fifty the ensuing winter. It is to be hoped that in the competition thus likely to arise, there will be no further resort to the contemptible methods employed by sundry parties a year since in attempting to build up their own institution at the expense of an old established school? *Verb sap.*

Army Surgeons at Manassas.—It rejoiced the editorial heart to hear that Prof. A. B. Palmer, of the Mich. Univ., whilom of this city, by assiduous use of his legs, escaped being "forwarded to Richmond" subsequent to the recent disaster. What would the Am. Med. Association have done for a parliamentarian? Who would have aided * * * in poising the lever of "elevation" *under* "the profession?" We shudder at the remote suggestion.

Unblushing Effrontery.—A person, whom we shall not further characterize, publicly advertises in a prominent daily paper of this city, "A Retreat for Females,"—the character of which may readily be inferred from the following extract:

"Also those unfortunate cases of females who by 'deformed

pelvis,' 'constitutional disability,' OR OTHERWISE, cannot with safety become mothers, will find the "Retreat" a safe place for their relief."

Comment is unnecessary, but meanwhile where are the Grand Jury?

An Adroit Dodge.—A contemporary medical publication carries upon its title page the name of a local *attache* of one of the city papers. It thus secures a temporary reprieve from summary dissolution, long threatened, and meanwhile the "local" aforesaid manufactures almost diurnal notices of the weakly "Reform School," to the especial interests of which our contemporary is devoted. A leading proprietor of the city paper involved stated the other day in our hearing, that the multitudinous notices referred to were admitted on the benevolent principle of helping the weakest party—"the under dog in the fight."

Opposition Lines.—Newspaper puffing, audacious mendacity; the assistance of graduated milkmen, whose untimely advent to the medical profession, the abandoned herds and, withal, mankind deplore; the assiduity of hired runners and *claquers;* the unscrupulous laying on of hands upon, as yet, unconsecrated theological students; the inveigling of incautious strangers to places they did not dream of seeking, may be material elements of professional "reform and elevation," but we have been accustomed to give them *other* names.

Internal Application of Ice in Uterine Hæmorrhage.—Our friend, Dr. Teal, of Albion, Ind, in a private letter, gives us the following note:

"A medical friend related to me the following case: "I was once put to my trumps while trying to repress uterine flooding in a case under treatment. I went out and cut a piece of ice to the size of a medium nutmeg. This I introduced, holding it between my fingers and letting it slip from them

into the cavity and against the wall of the womb. The flooding instantly ceased."

We have no doubt that this mode of applying ice in controlling uterine hæmorrhage might be made available more frequently than it is. It is a favorite method with several practitioners of our acquaintance even prior to the use of the usual battery of appliances. It requires, however, care and judgment in its use, or subsequent inflammatory action may be lighted up. Ordinarily, we have found it free from any unpleasant results.

Medical Journals and the War.—The faces of our Southern exchanges are missed from the editorial sanctum, and we are free to say that no other contraband of war is more regretted in absence. We had little thought so soon to miss their genial pages, and their always instructive contents. Fare you well, dear Bowling, prince of jokers—Campbell the scholarly; Dowler, the indefatigably industrious; Byrd & Hauser, with the portrait of GEORGE MCLELLAN upon the title page of your capital monthly—farewell till we meet again, when the fife has done squeaking and the drums are done with their racket, when red-legged gentlemen no longer either fight or steal chickens, when doctors no longer rush before Examining Boards and thence to the tented field—when the preacher resigns the presidency of the Sanitary Commission, and the newspapers chronicle the exploits of the myriad M. D.'s, home from the wars. Until then—Farewell! We keep our *files* for you, not to spike your guns or ours, but to transmit by regular course of the UNITED STATES mail.

[The following article was received too late for insertion in the proper department.—EDS.]

"SIMILIA SIMILIBUS CURANTUR," OR LIKE IS CURED BY LIKE.

READ BEFORE THE MCLEAN COUNTY MEDICAL SOCIETY.

BY C. R. PARKS, M. D.

Mr. President: In complying with the request of the McLean County Medical Society, I will state that my object is not to attack any particular theory of Medicine for the mere sake of making it appear absurd, but for the express purpose of ascertaining whether the above Homeopathic maxim has any foundation in truth. Tis truth we should aim at. I shall therefore endeavor to investigate this Homeopathic law, in an open, fair, candid, and I hope impartial manner, and see if it is in reality "one of the fixed laws of nature," as claimed.

The above *supposed law* is, together with "*infutesimal doses*," the sum and substance of the Homeopathist system of medicine—its real essence.

The question has been asked, How does it cure? In what way? "We believe—says a Homœopathic in reply—that the Homeopathic medical agent cures disease, *because the drug force in the agent is in relation of affinity—in the same way as the force in the magnet is to the iron—to the natural disease, superior to those which exists between the disease-producing agent and the physiologized tissues.*" If there is any meaning in this attempt at an explanation, I take it to be this: That there is a strong affinity or attraction existing between the "drug force" and the "natural disease," as in the case between the magnet and the iron, and that this affinity or attraction is stronger than that which exists between the disease-producing agent and the physiologieal tissues. This is the brittle thread upon which hangs the whole theory of the

system of medicine called Homeopathy; that system which, if true, ought to do away with all the ills flesh is heir too, rejuvenate with most marvelous certainty, the *maid* of forty-five summers, and drive pains, like the fleeting vapor before a nor'-easter, just as well as to do what it now does—supply a means by which broken-down clerygymen and unsuccessful regulars and quacks may earn a livelihood with but little preparations, say a pamphlet on symptoms and a pocket-case of beautiful little pills such as are recommended for family use. Suppose there is a strong affinity between the "drug force" in the agent and the "natural disease," what does it amount to? And suppose it is stronger than that which exists between the "disease-producing agent" and the "physiological tissues," what better does that make it? Will the force in the agent with its affinity for the "natural disease" *draw* the *latter* to it as the *magnet does the iron?* Is such the idea? But 'tis acknowledged there is a lesser affinity between the disease-producing agent and the physiological tissues. What becomes of this affinity? It is causing disease, while the other is attracting that which it causes. Such being the case, 'tis easy to see there could be no cure. One agent is producing that for which another agent or force has a stronger affinity. Suppose a person is in the habit of using certain articles of diet, which invariably cause a superabundance of acid in the stomach. 'Tis known there is a strong affinity existing between acids and alkalines. We administer the latter and it neutralizes the former, but does it remove the *disease-producing agents* or *that which causes the acid?* Certainly not. Yet it does it, just as much, as the strong affinity which causes the agent to attract the disease, removes the affinity between the disease-producing agent and the physiological tissue, and no more. And yet such is the profound explanation of "Similia Similibus Curatunr."

What sense is there in the statement, that there is affinity between the "drug force" and "natural disease?" Disease "is a state of body in which the natural functions of the

organs are interrupted or disturbed," "an opposite state to that of health." Would it not be much more in accordance with facts, to say that in curing disease the "drug force" operated upon the *disease-producing agent* or *that which brings about* or *continues* this "opposite state to that of health?"

We will now give our views of the vital forces controlling the economy, and state how these forces receive the material upon which they operate, and which in turn operates on them for good or for evil.

The laws of nature are fixed, so that in order to bring about any desired result, or avoid a calamity which follows the infraction of a fixed law, we must understand the true character and operation of the law. Some laws can be demonstrated. The operation and character of others are only inferented from legitimate deductions. If I can give a more rational explanation of the modus operandi of medicine in curing disease than the aforementioned *Homeopathic rationale*, and sustain it by incontrovertable examples, proving or going to prove its correctness, then will I have accomplished all I desire or expect —the vindication of *Regular Scientific Medicine.*

In the animal economy we have various systems, such as the nervous, muscular, arterial, glandular, &c., &c., each of which is presided over by a *force* or *law* of its own, or more properly speaking, forces of its own, as several forces are combined in the organic and functional arrangement of one of these systems. These different systems are specific in their purposes and aims. We will endeavor to elucidate our idea, by taking an example from the glandular system—the liver. There is in the liver a peculiar specific law for each different part and function in the organ, one for selecting material and manufacturing *lobules*, while others form within the lobule "a plexus of biliany ducts, a venus plexus, a continuation of the branches of the portal vein, hepatic vein, and of the minute arteries, veins and absorbents." There is a manufacturing law, as it were, for each of these different parts entering into and composing a lobules. The lobule having been con-

structed, there is an object, a destiny, a mission for it to fulfill. Another law then comes into active life and uses this lobule in a specific way to the accomplishment of this object or specific purpose. There is in fact a double purpose to be accomplished by this lobule, consequently there must be—many forces or modifications of this same force. "One separates the impurities from the venous blood of the chylo-poietic viscera, previously to its return into the general venous circulation, the other secretes a fluid necessary to chylification"—the bile.

As there is a force for construction, so is there one for destruction, breaking down in a peculiar way and casting off each lobule as soon as it has fulfilled its destiny. It will be understood then, that the same forces which enter into and control the simple lobule, are exactly similar to those controlling the various lobules composing the entire Hepatic Gland. They are all similar in their actions, but entirely independent of each other, comparatively speaking, for a portion of the gland may take on disease, while the remainder continues perfectly healthy.

There is always a cause for every condition even though the most skillful physician may not be able to detect it. My object now is to show, that although the whole number of lobules comprising the Hepatic Gland are each governed by precisely similar laws, yet when a certain cause is presented which tends to interfere with their normal healthy action, it is not equally attracted by the whole number, but only affects those into whose presence it is forced, and not by them attracted.

The forces act upon the material presented in the blood, out of which they construct their respective organs and parts of organs.

The healthy blood is composed of 110 to 140 parts of red corpuscules in 1000, 2.5 to 3.5 fibrine, 68 to 70 pure albumen, salt, etc., in small quantities—Andral.

When there is an excess or deficiency of these principles, it constitutes a morbid state of the blood. This blood is brought by means of the arterial and venous system within the influ-

ence of these forces, when they mutually commence moulding their respective organs, bone, muscle, nerve, etc., out of the few constituents entering into its composition, proving that the peculiarity is in the law, or how could the several different laws, make so many entirely different organs out of the same material.

The blood may be changed in various ways from this healthy standard. The lacteals are so organized and controlled as to be able to take up and throw into the circulation, various substances which are unnecessary for, and do not enter into the construction of an healthy organism, consequently there should be less difficulty,—in fact there is none—between this unnecessary material and the forces in the "physiological tissues," than between the latter and the necessary ingredients in the blood, or their force, so that the latter, by its superior affinity should according to the Homœopathic explanation entirely drive out and supersede the former.

This noxious element, be it miasmata or what not, is driven into the presence of these laws or vital force, when the effect is to depress some forces while others are excited to excessive action.

These laws are so constituted or vitalized as to be peculiarly influenced when certain drug forces, or any others, are forced upon them, or within the limits of their influence, or when one of the elements making up the tissue in which the force lives, is changed by the presence of a force acting chemically.

These forces being limited in their powers of endurance, may be depressed beyond the extent of that power, or excited to extinguishment. Then I say there is no "elective affinity" between the "disease producing agent" and the "physiological tissues," only when the agent acts chemically, 'tis forced upon them by surrounding circumstances over which they have no control. If then, the forces in the physiological tissues have no affinity for, but receive the disease producing agent under protest, (as seen by the pain, etc., it produces,) how can the Homœopathic explanation of the operation of their law, "similia, similibus, curantur" be true?

We conclude that they infer, that the drug force embodied in the remedial agent, is selected by the physiological tissue in preference to the disease producing agent—a kind of displacement, caused by the stronger affinity existing between the drug force and the force in the diseased tissue, than that which exists between the disease producing force, and the physiological tissues, consequently driving out the disease producing force. By this Homœopathic line of argument, they are led to assume, that two agents producing similar symptoms in an organ when brought within the influence of its laws—of attraction they say—separately, cannot produce their legitimate effects on the same tissues or forces at the same time conjointly. Is this true, that two forces acting similarly upon a physiological tissue when presented separately, when brought to bear conjointly, one will be selected to the exclusion of the other? I say no."

Suppose for example we combine three of the Hydragogue cathartics, ext. colocynth, ext. Jalaap and Gamboge. 'Tis known even to Homœopaths, (or ought to be,) that each of these drugs when given in certain quantities will produce copious watery stools. The drug force in the colocynth, acting on the force in the physiological tissues, produces this exhalation of watery fluid from the mucous membrane of the intestinal canal. A less dose will not produce this result. Exactly so is it with each of the other two drugs. Now suppose we combine the drugs, the quantity of each in the combination not being quite sufficient of itself to move the bowels when used alone. Does the force in the physiological tissue, select the one of the three drug forces, for which it has the strongest affinity, as the Homœopathic explanation of "similia similibus curantur" teaches? Certainly not. The drug forces are driven into the presence of the vital forces in the tissues, by the circulatory system, when each drug force produces its legitimate effect, and the result is a copious evacuation from the bowels. Is it not true then, and clear to the most obtuse comprehension, that two or more forces may, and in

fact do, operate upon the physiological tissue at the same time aiding each other as it did here, in bringing about a certain result, instead of one being attracted by the physiological force or "natural disease" for which it had, as they say the stronger affinity, to the exclusion of the other.

Suppose a man is brought in with a frozen foot. Wnat was in this case the disease producing agent? Cold of course.—Was there any *elective affinity*, between the force in the tissues of the foot, and the disease producing agent? We say none. In what way did the cold act to bring about this result? Simply through the law of the equalization of temperature by extracting the amount of heat in the foot, which was essentially necessary for the support of its vital forces, hence they cease to act, and the tissues are handed over to the law of decomposition.

But suppose a certain amount of heat has been left, so that the vital forces have not been entirely extinguished. In this case, according to the homœpathic law, we should select a remedy which when used in "massive doses on a healthy person" or part, will produce similar symptoms, and in this case they instance friction with the snow, cold water, etc. This I grant is good practice when properly used. But how does it cure the partially frozen tissues? Is it because it produces when used in "massive doses" on a healthy part, similar symptoms? Nonsense. Is it because of the stronger affinity which Homœopathists say exist between the force in the remedial agent and the diseased tissue or "natural disease?" How ridiculously absurd the idea. How does regular scientific medicine explain its action as a remedy? There is as has been stated a law of the necessary heat in the parts. The idea then is to impart the smallest quantity of heat to these enfeebled tissues and depressed vital forces in order to stimulate them as gently as possible, increasing the stimulus as the forces and tissues are able to bear it. Otherwise the heat would overcome the cohesive power of the forces over the tissues, and destroy them. Friction with snow, gets up, or brings out a

certain amount of latent heat, but it will not do to continue this, we must next use cold water, and so graduate the amount of heat as to suit the condition of the parts. Soon nature will get up a reaction which may destroy the tissues by undue excitement, unless the excess is carried off by the proper means. 'Tis unnecessary to ask any reasonably intelligent, honest man, which is the more rational explanation of the modus operandi of the remedial agent.

Again. Suppose we apply a caustic substance to an organized tissue, what will be the immediate result? Chemical action. The caustic having a strong affinity for one or more of the elements entering into the composition of the tissue; overcomes the resistance of the vital force, which held the different elements together, and the result is the disorganization of the tissue. The disease producing agent in this case acts directly on the physiological tissue, and the destruction is complete or partial in proportion to the power of the caustic applied.

In the partial we find an enfeebled, depressed state of the forces in the tissues, caused by the limited chemical action of the caustic. This being the pathological condition of the parts, what are the therapeutical indications? "Similia similibus curantur" say they. Then they must use something which in "massive doses" will produce similar symptoms. Probably if I should advise a warm cataplasm to the part, they would say the heat in the cataplasm if applied in massive doses, would produce similar symptoms. But is that fact of itself any reason why it should cure the disease, or is it not merely a coincidence? The question to decide the matter is how does it cure or aid in bringing about, a healthy condition of the parts? Homœopathists say there is a stronger affinity existing between the "force in the remedial agent and the natural disease" than exists between the disease producing agent, and the physiological tissues. But in this case the disease producing agent has done its work and gone, leaving nothing but the effect, consequently we have their argument, or rather mere state-

ment reduced to this—that there is a strong affinity existing between the heat in the cataplasm and the "natural disease," the inference being that this affinity brings about a cure. We desire to know in what particular way does it accomplish this cure? And their only reply is, "because of its stronger affinity," etc. The view we take of the modus operandi of the practice is that the moisture and heat stimulates greatly the depressed vital action in the partially decomposed tissues, until they assume their healthy state of action, while at the same time stimulates and assists the law of disintegration, thereby bringing about a more speedy separation of the dead from the living tissues.

One more example and we are done.

Suppose a Homœopathist is called in to see a patient laboring under the following symptoms: intense burning pain in the stomach, with violent irritation of the alimentary tube, purging and vomiting, corrosion of the mouth, tongue, etc.—Bloody evacuations from both stomach and bowels. He turns over to himself his supposed fixed law, "similia similibus curantur," and says, I must administer something which in massive doses on a healthy person will produce similar symptoms. God only knows what potency or dilution he might use if he confined himself closely to his own theory, in which case we feel assured of the fate of his victimized patient.—Having made up his mind what to give, some one suddenly informs the Homœopathic professor that the cause of the patient's sickness was a poisonous dose of corrosive sublimate (Hyo. Chlo. Corros.) Ah, "he exclaims," and what think you Mr. President becomes of his boasted theory and "fixed law." If he is not an ignoramus, it gives way to "massive doses," (not infinitesimal) of albumen—emesis having previously been assisted by the proper drugs or means—not because Albumen in the shape of white of eggs, will even produce similar symptoms under any circumstances, but because it has a strong affinity for the disease producing agent," converting the latter into a harmless compound. In this case where is

their boasted affinity between the force in the albumen (remedial agent) and the "natural disease." Why would he administer sweet milk, flour, etc.? Whoever heard of their producing similar symptoms? On the contrary we desire to neutralize the cause and soothe the irritable mucus membrane of the bowels and stomach? Why do we give Hydrated proto-Sulphuret of Iron? Is it because its force has a strong affinity for the "natural disease," or is it not because of its strong affinity for the disease producing agent forming with it a harmless compound. Which is the more rational view of the modus operandi of the remedy in this case?

Would that all those who pretend to practice regular scientific medicine, were actuated by firmly benevolent motives, then would they investigate the science out of a desire to know and be able to vindicate its excellence. Alas too many are willing to go forth to the world with but a faint idea of scientific medicine. Just knowledge enough to enable them to benefit themselves pecuniarily. This is the same spirit which actuates the Quack in getting up his new nostrum—in fact it is quackery, and from this class all the isms in medicine spring—also the visionary man of one idea who would have us all believe that a wet sheet is a panacea for every ill. All of us who love regular scientific medicine on account of the blessings it confers upon suffering humanity, should cling to it with jealous care and affection, that even some of its professed friends as well as its most bitter enemies shall not stab it in the dark. Let the midnight watch tell of our devotion to its truths, and our desire to know more of them, and God forbid that that watch or any other, should ever find us concocting some new theory through which we might draw in the visionary and unsuspecting for the mere purpose of gain.

Bloomington, Ill., July 8th, 1861.

From Minutes.—On motion of Dr. S. Noble, a vote of thanks was tendered Dr. Parke for his contribution and a copy asked for publication in the Chicago Medical Journal.

The Great Philanthropist Sylvester Lind.—Most of our readers may have heard of the Lind University and the great medical reform department established by Mr. Lind with worthy co-operators. The following extracts from the Chicago *Daily Tribnne* of Thursday, June 27, 1861, exhibits a few only of the facts which the public ought to know, concerning the source of the funds with which Mr. Lind may have been able to reform and convert the world medical and non-medical: "It is only a matter of common fairness to state that the diversion and misappropriations (of the city funds) are laid solely to the act of its Treasurer, Sylvester Lind." "It is not a pleasant reflection that a man who could endow a sectarian institution of learning to the amount of $100,000, should by his official misconduct cause the indefinite suspension of our public schools."

The amount of funds in the hands of the Board of Sewerage of the city of Chicago, according to the report of the City Controller, S. D. Ward, Esq., published in the *Tribune* of the same date, is $158,215.12.

If any one wishes to know where the balance of the fund to establish the "Lind University," after deducting the loss on the above, might come from, let him enquire about the streets, as we are not disposed to go beyond the statement of the *Tribune*, which has heretofore belonged to the same political party with "Brother Johnny," and cannot be suspected of a disposition to exaggerate.

Dr. Douglas' Case of Spina Bifida.—A subsequent number of the *Pacific Journal* states that the case mentioned on pages 394 and 395 of this journal resulted in a perfect cure without further difficulty.

SELECTED.

HEMORRHAGE FROM GUN-SHOT WOUNDS.

In the last number of the *Press* we gave the case of a gun-shot wound of a lad, æt. 14, in whom portions of the entire subclavian artery and vein were shot away, and yet no hemorrhage occurred worth mentioning. Recently, however, we had a case in which death occurred from internal hemorrhage, in consequence of a gun-shot wound, involving some of the branches of the superior mesenteric artery.

Why the difference in the two cases? In the first, the vessel was of immense size and near the heart, while in the latter, the vessels were small and remote from the center of the circulation.

Gun-shot wounds are not, for the most part, followed by much hemorrhage, but an exception to this occurs in wounds involving the abdominal cavity. In gun-shot wounds of the exterior portions of the body, the surrounding lacerated tissues often embrace, closely, the ends of the torn artery, and thereby prevent hemorrhage, which does not occur in wounds of the mesenteric arteries and their branches. Again, a gun-shot wound involving a vessel belonging to the external parts of the body, will, at once, admit the atmosphere, which, being of a much lower temperature, produces contraction of the ends of the vessels, but which cannot often occur in a gun-shot wound involving the vessels of the abdominal cavity.

In the case above mentioned, involving some of the branches of the superior mesenteric artery, death occurred from hemorrhage, at the end of twenty-four hours after the injury was received. The ball—that of a small pistol—entered the abdominal cavity, midway between the umbilicus and the anterior superior spinous process of the ilium, on the right side, lodged in the left side of the second lumber vertebræ, from the top, taking, in its course, several of the largest branches of the superior mesenteric artery. The blood was evidently discharged from these slowly, as death did not occur for twenty-four hours. The internal hemorrhage was, however, considerably impeded, in consequence of the tightness of a bandage applied around the body, all over the abdomen, which

compressed all the abdominal viscera into the smallest compass of which they were capable by this means. This tight bandage was used for the triple purposes of pressing the surrounding parts against the orifices of any communications with the alimentary canal that might have been made by the passage of the ball, and thereby preventing the egress of any of its contents; of preventing hemorrhage, as far as possible, upon the same principles; and, lastly, for the purpose of having the well-known beneficial effects of a tight bandage upon injured parts, to approximate the wounded surfaces and keep them at rest, in order to promote the healing process,

In a post mortem examination of this case, the abdominal cavity was found filled with blood to its utmost capacity, consistent with the tightness of the external pressure. A large coagulam—as large as a man's two fists—was found under the ribs, on the left side, pressing the diaphragm upwards, and considerably out of its natural place. The pelvic cavity was also filled with blood, and clots were found in every recess of the abdominal cavity not influenced by external pressure.—*San Francisco Med. Press.*

SPINA BIFIDA.

Dr. Douglas, of this city, injected a spina-bifida with solution of iodine, on a male infant seven weeks old. The plan adopted was that proposed and used by Prof. Brainard, of Chicago.

The lesion in this case is lumbo-sacral, and nearly three inches in diameter; its complications are paralysis and hydrocephalus. The child had thirteen convulsions within the four weeks preceding the operative measure, which was first practiced on the fourth of March. No convulsion or other unpleasant symptom followed the use of the injection.

Up to the 11th of March there were some improvements in the intensity of the symptoms which had previously existed. The tumor had now again refilled, and the protuberance of the anterior fontanelle was as great as before; the clonic spasm still persisted, and the extra pronation of the hands was little if any better. The infant had no convulsions after the first injection until this date. The tumor had now assumed its former dimensions.

The attending physician (Dr. Douglas) determined to perform the second operation on this date; (seven days elapsing from the first;) before injecting the tumor, moderate pressure upon it brought on a violent convulsion which lasted four or five minutes. It was now treated as before, and as soon as the tumor at the fontanelle showed signs of subsidence, the iodine injection was thrown into the lumbo-sacral sac. No unpleasant effects followed its immediate use.

From that period up to this date, March 25th, there has been a general and marked improvement in all the abnormal symptoms of the case. The extra pronation of the hands has ceased, the strabismus has disappeared, the cephalic region has not again been invaded with the excess of cerebro-spinal fluid, and the lumbo-sacral tumor is gradually diminishing in all its amplitudes. The head hangs more natural and erect, the tendency of falling back being unobserved except when the infant sleeps. The persistent tendency to clonic spasm still remains, and there is little if any amendment in the paralysis of the lower extremities.

The progress of the case thus far is satisfactory, and much better than to let them die without an effort to save. If Dr. Douglas saves (this very unpromising case in the beginning) his case, he will have accomplished what some of our best surgeons have failed in, and it will be the first successful case treated on this coast, and, under its present features, he has fair grounds of hope. We congratulate him on his success thus far. We shall watch this case with interest, and report its progress hereafter.—*Pacific Journal.*

Remarks.—The above case is interesting as furnishing additional proof of the safety of iodine injections. The details of the method employed are not given. At present I should close the opening into the spine, if possible, by pressing the sac into it as the fluid escaped; inject the sac with a stronger solution than would be proper where it is allowed to pass into the spinal canal and wash it out with distilled water or the fluid from the tumor. The complications in this case are such as to indicate malformation or extensive disease of the nervous centers and render the case unfavorable, as the cure of the spina-bifida can hardly be expected to remove the disease.

[B.]

ON URÆMIA.

By PROF. JAKSCH.

Vierteljahrschrift fur die praktische Heilkund. xvii. Jahrgang., 1860.

The author of this paper holds that there are two varieties of urœmia which should be carefully distinguished; one being caused by the decomposition of urine and absorption of carbonate of ammonia into the blood (ammonœmia), the other being the variety which accompanies Bright's disease of the kidneys. He has seen the former occur under the following circumstances:

1. In torpor and paralysis of the bladder.
2. In dilatation of the pelvis and calices of the kidney in consequence of ureters being blocked up.
3. In renal abscess, renal tuberculosis and saculated kidneys.

The following are the main differences characterizing the two forms of urœmir; we shall, to save circumlocution, use the word ammonœmia as the name of the one, and Bright's urœmia as the name of the other:

1. In advanced ammonaemia the urine discharged from the bladder manifests a strong ammoniacal odor, which Prof. Jaksch has never noticed in any stage of Bright's uraemia.
2. Dropsical symptoms, either acute and febrile, or chronic and afebrile, have not been observed in ammonaemia.
3. Advanced ammonaemia is characterized by persistent dryness of the mucous membrane covering the mouth and fauces, as if every particle of moisture has been removed by blotting-paper; the membrane looks dry and shining, and the dryness even extends to the mucous membrane of the nose, the conjunctiva, and even to the chordae vocales; these symptoms do not occur in Bright's uraemia.
4. The distinctly ammonaical odor of the air exhaled, and of the cutaneous secretions of patients affected with ammonœmia, does not occur in Bright's disease.
5. Patients suffering from ammonaemia always show a marked dislike to meat, and especially brown meats, even if their affections have not advanced very far; a feature rarely seen in the other variety.

6. Prof. Jaksch has never observed in Bright's disease the violent intermittent rigors, stimulating intermittent fever, which occur in ammonaemia.

7. In none of the cases of ammonaemia were convulsive o epileptiform attacks, nor croupy or diphtheretic exudations noticed.

8. Disturbed vision, as produced in Bright's disease by exudation on the retina, does not appear to take place in ammonaemia.

9. Chronic ammonaemia is characterized by a uniformly pale and sallow complexion, and by gradually increasing emaciation; very acute and advanced ammonaemia is associated with very rapid wasting of features, and muscular debility amounting to paralysis.

10. In all cases of ammonaemia which ran a rapid course there was vomiting, with concurrent or consequent diarrhœa; in chronic ammonaemia both phenomena were often entirely absent, or only occurred temporarily.

11. In ammonaemia, whether acute or chronic, Professor Jaksch has always seen death occur after sopor, varying in duration from several hours to several days.

The author of this valuable and interesting paper gives numerous cases illustrative of his views, and enters very fully into the various questions connected with diagnosis and treatment, for which we are unable to make room.—*South. Med. and Surgical Journal.*

PUS CORPUSCLES IN THE AIR!

AN AEROSCOPIC STUDY BY DOCENT DR. THEOPH. EISLET IN PRAG.

[Translated for the Boston Medical and Surgical Journal, from the Wochenblatt der Zeitschrift der k. k. Gesellschaft der Aerzte in Wein, March 26, 1861, by J. C. White, M. D.

During an epidemic of conjunctival blennorrhœa, which prevailed a short time ago in the Orphan Asylum at Repy, 8 miles distant from Prague, I had opportunity to learn by experience that infection may take place in other ways than by contact. Reserving for future description the particulars of this interesting epidemic, it will be sufficient for my present purpose to show its intensity by a few numerical data. Such

foundlings as are given up by their foster-parents are brought to the large and newly-built institution at Repy. Among these 250 foundlings, of whom the majority are between the ages of 6 and 10, there occurred in 1860 from November to December forty-six, and in the period between the 16th and 21st of February, 1861, also forty-six cases of acute conjunctival blennorrhœa. His Excellency, the Governor of Bohemia, Count Forgach, presided personally on the 19th of February at a Council in Repy, at which Prof. Ritter von Hasner, Landesmedizinalrathsubstitut Dr. Hoser, Dr. Biermann, Director of the Hospital, and myself as house-physician, were present, and ordered the perfectly healthy children to be left at Repy, but the diseased and infected to be removed with the greatest haste from the institution. Forty-six children were found unaffected, while the newly attacked and those which exhibited merely an injection of the conjunctiva or papillary structure of the membrane without suppuration, were brought to Prague, and distributed in eight different localities. In the latter place, four-fifths, and in Repy, all of the children, were under my care.

It will readily be believed that as a physician I took the greatest precaution to protect myself against infection. I was particularly careful not to touch my own eyes. The cleansing of those of the patients was entrusted to the Sisters of Charity and most punctiliously performed. No chance of contagion from this source was possible, therefore, nor did any scattering of pus take place either by the patients sneezing or coughing during their examination. I was in the habit of going to the Asylum at Repy daily, where I first examined the healthy inmates, then touched the lighter cases of the disease with cuprum, and visited the worst last of all. Whenever I had spent a few hours in the wards, I was sure to feel a sensation of burning and pressure in the eyes, without being able to observe anything upon the conjunctivæ except streaks of injection on the edges of the lids. In the course of a few hours this unpleasant feeling disappeared of itself.—When the patients were brought to Prague and I visited them daily, this sensation of pain remained constant, the caruncles became red as well as the whole conjunctiva palpebrarum, and the semilunar fold became livid and so œdematous that the movements of the globe were impaired, accompanied by a mucous secretion, so that the lids adhered in the morning. In other words, I was infected without having become so by contact. The same happened without exception to all the nurses.

Of seven of the nuns severely affected, two had caught the disease by the spattering back of the water while cleaning the eyes, two from the dissemination of pus by the sneezing and coughing of the children during the same process, one by washing the bandages, and two in some inexplicable manner. The infection in my own case only needed more unfavorable circumstances to become converted into an acute affection;—as it was, however, application of weak solutions of nitrate of silver caused it to diminish in intensity.

Here, then, we have the fact that a person may be attacked by an acute conjunctival blennorrhœa without purulent contact in the ordinary sense; there is wanting only the explanation—how is this possible?

Pouchet, who for many years has been engaged in the microscopic analysis of the air, describes, in the *Compt. Rendus* April, 1860, an apparatus which he calls an aëroscope.—Through the kindness of our respected Prof. Purkyne a similar contrivance was prepared here. It depends upon the plan of driving a certain quantity of air across a glass plate moistened with glycerine, upon which the particles of dust and microscopic forms remain fixed, and may be thus readily examined by the microscope. The apparatus consists of a hydrostatic aspirator and two glass tubes, of which the first terminates at its upper extremity in a small funnel, the infundibuliform opening being directed upwards, while the lower is drawn out into a point of 0.50 of a millimetre in diameter. The second tube is ground into the first, and its upper opening is covered with a fine metallic sieve, upon which the glass plate is fastened. This plate is brought to within one millimetre's distance from the lower funnel-shaped opening by pushing in the tube, and the lower end of tube No. 2 is hermetically united to the aspirator, which is filled with water. The latter is merely a vessel made of zinc plate, two feet high and one foot square at its base, having at the bottom a stop-cock, and in the cover a mouthpiece for connection with the glass tube. If now the water be allowed to flow from the aspirator through the stop-cock, the same bulk of air will stream in through the funnel, and the matter suspended in it will remain sticking to the glass plate.

This aëroscope, as modified by Prof. Purkyne, was placed between the beds of two patients in a ward in which were thirty-three boys with acute conjunctival blennorrhœa accompanied by great secretions of pus and the air was drawn thro' it. It must, moreover, be stated that the eyes were washed

by means of glass syringes with warm water, and that from this room alone several pails of waste water were thrown away daily, presenting a milky appearance from the pus it contained. The experiment was made at 10 A. M., after the apartment had been ventillated, and pus corpuscles were detected in the atmosphere by the very first transmission through the apparatus.

In this fact lies the explanation of the attacks above described, in which cases direct contact with the patients and the blennorhagic secretion was excluded. Infection took place by means of pus corpuscles suspended in the atmosphere.

In presenting this short but significant communication of our respected colleague and friend to the knowledge of our readers, we cannot forbear adding a few words, prompted by the importance of the subject, and with the more reason, that Dr. Eiselt has far too modestly disdained to surround the announcement of his discovery with that display, which, in science as well as in other fields of human knowledge, appears necessary to procure for a new fact its merited consideration and recognition.

The great significance of this discovery to pathology in general, and to the study of contagion in particular, and the immense importance of this fact, when more thoroughly studied and corroborated, in connection with the care of the sick and the erection of hospitals, need not be further impressed upon the physician. A new sphere of objective information is thus promisingly revealed, a new and hitherto all untrodden path opened, which, whether its results be negative or positive, will at all events lead to the advancement of science. * * * * * * * * *

We are able to say that in consideration of the high importance of this subject, many members of our society have united to give it a thorough investigation, and we shall not fail to keep our readers constantly acquainted with the progress of these examinations, which, from the abundance of suitable material afforded by Vienna, and from the combination and systematic employment of so many forces, promises a speedy and conclusive result.—*The Editors of Wochenblatt.*

ON ATMOSPHERIC CORPUSCLES.

By F. M. POUCHET.

I have thought for a long time that the study of the bodies conveyed by the air into the respiratory passages of animals would offer interesting physiological results, and throw considerable light upon the subject of atmospheric micrography. Nor have I been deceived in this. In fact, in almost every class of animals, the examination of the respiratory apparatus clearly reveals the various modifications of the medium inhabited by them. But it seemed to me that the most important notions on this subject would be presented in those animals in which the air penetrates most deeply into the organism. Birds, consequently, have become the objects of particular attention, seeing that in them air, after traversing the lungs, pervades not only the different cavities of the trunk, but reaches also the interior of the osseous system. In these animals I have devoted particular attention to the examination of the bones which contain most air, and chiefly to the *humerus*. And as in these situations the corpuscles, once introduced, escape only with great difficulty, owing to the immobility of the walls and the irregularities of their anfractuosities, we there find ample vestiges of all the matters conveyed by the air into the respiratory organs.

The examination of animals living in midst of towns, and in the interior of our dwellings, will excite surprise by the enormous quantity of starch-grains contained in their respiratory organs. In birds, corpuscles of this nature will be discovered in great abundance, even in the interior of the bones, and together with them will be observed, in profusion, particles of sooty matter, and filaments derived from the various fabrics of which our clothes are made. But the further the creature lives from towns, the more remote and wild its habitation, the more rare also become all these corpuscles in the inspired air. Under these circumstances, scarcely any traces of the sort can be observed. Frequently even not a single particle of the kind in question will be observed in animals or birds living altogether in the midst of forests; in these animals, on the other hand, the whole respiratory apparatus is filled with abundant *debris* of plants,—epidermis, chlorophyll, etc.

The amylaceous particles disseminated either in the atmosphere or in the interior of animals present two conditions—they are either of the normal state or cooked. In the majority of cases, the starch is found in the former condition; but, nevertheless, we meet in the atmosphere, and in all the cavities of animals, into which the air enters, with starch-grains either simply swelled or entirely burst, by the action of heat. The latter certainly proceed only from minute particles of bread carried about by the movements of the atmosphere.—The panified starch is readily recognized by its enormous size and ruptured condition, and by the action of Iodine, which does not produce in it the same bright color as it does in ordinary starch-grains.

The birds which inhabit the interior or live in the close vicinity of towns do not obtain this abundance of amylaceous particles simply from the air they inspire; they derive, besides this source, an abundant supply from the foliage of the trees amidst which they pass part of their lives. In fact, on examining the surface of the leaves of trees in the neighborhood of cities, when they have not been washed for some days by rain, abundance of specimens of every sort of corpuscles carried in the atmosphere will be found on them, and, universally, a considerable quantity of starch-grains, together with sooty and silicious particles. On a single leaf of a horse-chestnut growing in the garden of Ecole de Medecine at Rouen, I have counted about thirty grains of wheat-starch either in the natural or panified condition.

The search for atmospheric corpuscles, in the respiratory passages is easily made. It consists simply in the passing of a stream of water through these passages, and the collection and examination of the fluid. For this purpose I inject the trachea, by means of a syringe, and when the lungs are distended with water, make incisions into them, and carefully collect all the fluid that escapes, repeating the injection several times.

In birds, I inject the trachea, and when the water has traversed the lungs and filled all the air cavities of the body, I open the thoracic cavity, and collect the liquid which escapes in a jet. In all the experiments the fluid is received in conical vessels with a narrow bottom, and when sufficient time has elapsed to allow all the corpuscles to subside, these are removed by means of a very slender pipette, and submitted to microscopic examination. The atmospheric corpuscles may be collected from the hollow bones by the same mode of proced-

ure. To effect this, I insert the tube of a syringe into the orifice by which the air penetrates into the cavity, and then make a section of the bone at the opposite end. The water injected, at first gently and afterwards with great force, in order to carry along with it the smallest corpuscles, is received in champagne-glasses and examined. Studied in this way, the respiratory organs afford a faithful idea of the life of the animals. Not only does the examination reveal to us what sites of habitation the animals prefer, and their kind of food, but even, when they are domesticated, the profession followed by their owners.

I have found in the air-passages of man the same atmospheric corpuscles as are met with in animals. In the bodies of two persons, who died in one of our hospitals, a man and a woman, whose lungs I injected, I found a large quantity of wheat-starch, either normal or panified; particles of silex and of glass; fragments of dye wood of a beautiful red color;—fragments of dress, lastly a larva of a microscopic arachnidean, still living.

It was rational to conclude that, at certain times, the expectoration should contain corpuscles, similar to those I have described in the lungs. And this is actually the case; I have here met with normal and panified starch-grains, particles of soot, the debris of plants, filaments of wool or cotton of various colors, particles of silex, etc.

A fowl, brought up in a paved court at Rouen, afforded in its respiratory sacculi an enormous quantity of wheat-starch, normal and panified. Besides which they contained numerous filaments of cotton and linen, and an abundance of sooty particles: there were but very few siliceous grains, a circumstance probably owing to the habitation in which the bird had existed. The humerus of this bird also contained much starch, particles of soot, a considerable number of cotton and linen filaments, and even some grains of potato-starch and of glass.

Thinking that in animals, in localities where starchy matters formed an object of trade, the abundance of amylaceous particles would be still greater, I procured two young chickens which had been kept for two months by a baker. My surmise was not unfounded. The whole of the respiratory organs in these chickens, notwithstanding their youth, contained an amount of starch surpassing that which I had found in the fowl.

A pigeon taken from a dovecote in the middle of the town

presented, in its respiratory passages, besides particles of silex and soot, the debris of stuffs of various colors, and grains of potato-starch, together with considerable amount of wheat-starch of all sizes, and above all, an enormous quantity of lentil-starch. Even the *humeri* contained so much of the latter that from eight to ten grains were found in every case. I was unable to explain the presence of such an abundance of lentil-starch in a bird which always swallows seed without bruising it. But I very soon discovered the source on examining the floor of the dovecote. This was completely covered with the dung of the pigeons, containing an enormous quantity of this sort of starch, which had passed through the intestines unaltered. In flying about in their dwelling the birds diffused this in the air, and it thus gained an entrance into their respiratory organs.

The examination of a bird which is ordinarily kept only in wealthy establishments, affords another proof of what has been said. In fact, the numerous vestiges of magnificent stuffs exhibited in its respiratory organs manifestly recalled the luxurious dresses or works of those amongst whom it had lived. This bird was a peacock. Unfortunately I had at my disposal only its humeri; but having injected them, I was really struck with the abundance of, and the splendid colors presented by, all the fragments of stuffs contained in these bones. I found besides a considerable quantity of wheat-starch, numerous filaments of wool and of silk of the most magnificent blue, of a beautiful rose, and bright green.

The lungs of a mouse also afforded starch, silex and soot, but in far less quantity and in far smaller fragments, than in birds.

But if our attention is directed to wild birds, residing at a distance from cities, we observe a totally different thing.

A grey falcon (*Falco cinereus*, Mont.) killed in a large forest two leagues from any habitation, did not afford the least trace of starch, either in its air passages or within the bones. There were met with only a few particles of soot and silex;—and not a single filament of any kind of tissue was recognized. But, on the contrary, all the air-passages were filled with an abundance of the detritus of plants and debris of insects.

In another wild bird (Picus viridis, Linn.) I found in the air-passages only an insignificant quantity of starch, and very little soot and silex.

In some frogs taken in the basins of the Jardin des Plantes, at Rouen, which is situated close to numerous factories, and in

a populous quarter, the lungs have always afforded a notable quantity of starch, an abundance of particles of charcoal and coal-soot, together with numerous fragments of silex and vegetable debris. Besides these, filaments of cotton, raw or manufactured, were extremely abundant. The respiratory organs of these animals also contained Naviculæ, diatoms, papilionaceous scales, the stems of mucedinous fungi, and fragments of confervæ.

If, again, we explore the respiratory passages of some animals, which, although living in a state of liberty, are in the habit of frequenting our dwellings, we find in them evident vestiges of their double existence, wild and domestic.

A jackdaw afforded a striking instance of this. Its respiratory organs contained a very considerable quantity of wheat-starch; what was very remarkable, an enormous number of sooty particles—a circumstance which is accounted for by the almost habitual abode of this bird on the lofty buildings of towns. There were found also in its air-sacs, numerous filaments of cotton and abundant debris of plants.

In all my observations, which, without exaggeration, might be counted by hundreds, I have never met with either a single spore or a single ovum of a microzoon, nor with any encysted animalcule. Moreover, in all these minute researches I have always been able to detect starch-grains wherever they existed. Is it possible that the atmospheric spores and ova alone should have escaped detection? The ova of certain Paramœcia, being .0420 mm. in diameter, and consequently surpassing considerably in bulk the largest grains of wheat-starch, whose diameter does not exceed .0336 mm., if they really existed in the atmosphere in sufficient quantity to explain the generation of Infusoria, whose apparition astonishes and stupefies us, should have been immediately discovered in the same situations, and far more easily even than the starch-grains, seeing that they ought to exist in much greater numbers. To a negation of this kind, in the actual state of science, but one answer is possible—*show these ova.*—*Comptes Rendus*, 1, 1860.—*Quarterly Journal of Microscopical Science.*

EXTRACT FROM THE SANITARY REPORT TO THE SURGEON GENERAL.

By Surgeon C. S. TRIPLER, M. D., U. S. A.

For the quarter ending Dec. 31, 1860.

Among the recruits (four hundred in number at present, several large detachments having been sent off,) we have had more cases of venereal disease than usual—eleven of gonorrhœa and eight of chancre—most of them aggravated cases. All these men have been returned to duty or are convalescent.

The gonorrhœa has yielded to strict confinement to bed; saline purgatives in the first instance; the local use of cold water; injections of cerate of zinc, subnirate of bismuth, perchloride and persulphate of iron. In a few cases the balsam of copavia has been used. I am very much disposed to think the more I see of these cases, the principles of treatment do not differ from those of any other inflammation of a mucous membrane, though they may be admitted to be due to a specific cause; that rest throughout, local depletion, sedation and evaporants in the early stages, and such local applications as are known to restrain undue secretions from the mucous membranes in the subsequent stages, will be found all-sufficient in the great majority of cases. Sometimes, I admit, I have been compelled to resort to a mercurial alterative, from the obstinacy of the cases. It is possible a chancre may have existed in the uthera in these instances—I do not know the fact; I do not know, however, that no secondary symptoms have occurred in any of these cases while they have remained under my observation. The mercurial I employ for this form, is the bichloride, in doses of 1-16 to 1-8 grain three times a day. I have been pleased with the local use of the subnitrate of bismuth in a number of cases in the course of the last year. I think, however, that the preparations of iron I have indicated have been generally more satisfactory in their effects.—An alternation of these agents at the proper stage, but always combined with rest, I am persuaded, will seldom fail in effecting a permanent cure in from seven to fourteen days.

The cases of primary syphilis have been generally quite obstinate, but neither presenting unusual symptoms, nor calling

for unusual medication. In three cases I have been obliged to perform circumcision for phymosis in order to expose concealed chancres. I may remark upon this operation, that, in performing it, I prefer to pass a director under the prepuce upon the dorsal median line and while an assistant draws the skin well back, to penetrate the integument with a sharp pointed bistoury and incise it. If the mucous membrane still protrudes when the skin is relaxed, I pass the director under it a second time and incise with the bistoury as before to the apex of the re-entering angle of the divided skin. Then with the scissors cut off the prepuce symmetrically on either side of the frenum to the extent desired. In this way, I think, we have less trouble with the mucous membrane than in the methods of either Ricord or Vidal.

During a part of the months of November and December we had a limited invasion of epidemic catarrh. It began on the 18th of Nov. and ceased 16th Dec.—just four weeks.—These patients were seized with chills, sometimes severe and protracted; engorgement of the mucous lining of the frontal sinuses, nares, pharynx, larynx, trachea and sometimes the bronchial tubes—fever for a few days and a rather obstinate cough. The treatment consisted of saline cathartics, antimonials, extract of wild cherry, or cyanide of potasium in combination with tincture of tolu and syrup of acacia, and demulcent drinks. The affection yields very readily.

We have had eleven cases of pneumonia thus far, this season—all of them severe, but fortunately none fatal. One of them was complicated with articular rheumatism.

These cases include what might be distinguished into capillary bronchitis, pleuro-pneumonia, bilious pneumonia, etc.—The existence of the disease was verified in every instance, both by the physical and rational signs. Sixteen days was the shortest period any of them remained upon the sick report; thirty to forty days have been usually required to re-establish strength sufficient to enable the men to return to duty without incurring too much risk of a relapse. I have treated, since I have been in charge of this hospital, nearly forty cases of this disease and have lost none. I have been informed by several of my friends that it has prevailed a great deal in this section of the country and has been very fatal. In referring to the records of this hospital, I find one hundred and twenty cases registered in five years, beginning in the autumn of 1847. But among these I find thirty-three cases which were returned to duty in from one to three days, and two more which were

discharged in four days. These cases could scarcely have been pneumonia. Deducting them we have eighty-five still left—a very large number. Among these there are five deaths recorded, which gives a mortality of one in seventeen—only about one-third the mortality in civil hospitals. I do not know the exact system of treatment adopted in those cases. Blood-letting was sometimes used; cups occasionally but rarely; antimony the same.

Among my cases venesection was resorted to but once—the first case—and that without my authority. It was practised by my hospital sergeant, a very discreet and intelligent man, in the night, when the man was brought in, because he thought it a case of emergency, and he had seen it practised in such cases by my predecessor.

The mortality under my treatment has been zero; it cannot, therefore, be compared with any other table. I suppose a death must occur in the course of time, and then we can get a ratio less than infinity. As it stands, this mortality is less than any other reported. The fact is interesting in relation to the blood-letting controversy that has agitated the medical world since Prof. Bennett's novel views have been published. Without assenting to those views in mass, I admit that my experience in pneumonia at this point, one of its favorite localities, goes to confirm Professor Bennett's opinion as to the fact that general bleeding is unnecessary in this disease.—But, it will show at the same time, that neither is stimulation necessary.

My plan of treatment (I confine myself now to the thoracic difficulty—if other conditions exist, such as constipation, etc., they demand their own remedies) has been to confine the patient to bed until he is decidedly convalescent. I have seen more than one fatal relapse in the course of my life provoked by the patient's rising from bed when the disease was checked but not cured. Then wet cups at the seat of the disease as indicated by percussion and auscultation; and these repeated, following up the local lesion as it extends in the same lung or as it is propagated to the other. I have cupped a patient in this way two or three times a day for three or four days in succession. Dry cups have been frequently used during and after the same time. For constitutional treatment I have, until this winter, relied almost exclusively upon the tartrate of antimony—$\frac{1}{8}$ to $\frac{1}{4}$ a grain, as tolerance is established, every two hours, one hour, half-hour, as it can be borne. This winter I have used freely Norwood's tr. verat. virid. and with great

satisfaction. Three cases have been treated with this alone, six with tart- antim. et pot., one with both, and one with veratrum followed by calomel and dover's powder, and a blister in its latter stages. The calomel and dover's powder were given because, notwithstanding the complete control of the heart's action manifested by the veratrum and the progressive resolution of the local engorgement as shown by auscultatien, constitutional irritation, insomnia and delirium supervened, persisted, and assumed a threatening aspeet. In this emergency I resorted to Stokes' plan, and substituted calomel and opium and a blister for the sedatives and local depletion employed in the earlier stages of the disease.

I have been careful always to endeavor to make the patient swallow a tablespoonful of strong animal broth frequently in the course of the day during the treatment. While the man is very ill he will resist this, but I feel persuaded I have seen very beneficial results from this course. Warm mucilaginous drinks are kept constantly at the bedside of the patient.

The cases which I have treated this year have been, eight upon the right side, one upon the left, and two double. They have all commenced at the inferior and lateral or posterier part of the lobe.—*Mar. and Virg. Journal.*

THE RIGHT MAN FOR THE RIGHT PLACE!

"The right man for the right place," is the cry of the hour; and a very good one it is too.—*North British Review.*

The war of the Crimea taught the British Government a lesson of great and permanent value. It saw one of its best equipped, most thoroughly provisioned, and apparently most formidable armies, gradually brought into a state of comparative inefficiency, and almost helplessness, through a series of blunders the result of official incompetency. The troops, half clothed, perished with cold, while ship-loads of warm clothing were within their sight; they toiled incessantly in snow and frost, half-famished, while the luxuries of living filled the commissariat; they perished of fever, dysentery, and cholera, in unprovided hospitals, without medical treatment, while hospital stores crowded the apothecary's department. The heart

of the English people was touched by the tales of suffering, misery, and death, which came from their friends and brethren, and soon was heard the cry of popular indignation from one end of the realm to the other, and the imperious demand: THE RIGHT MAN FOR THE RIGHT PLACE!

If the British Government, with all its experience, could commit so grave a mistake as to instal unqualified persons in high or responsible positions in the perilous times of war, how infinitely greater is our danger of falling into this irremediable error? Our General and State Governments are profoundly ignorant of the art of war; they know nothing of its exigencies, its requirements, its laws, or its spirit. The former has for years had but a handful of half-famished troops on its borders, guarding the settler from the attacks of savages; hundreds of half-finished fortifications falling to decay, for lack of interest in their completion; and a school for military training, the educational nursling of the sons of a few Congressmen; while the latter have allowed their military laws to become a dead letter, or have abolished them altogether. Among the people at large the sword has literally been beaten into the ploughshare, and the spear into the pruning-hook; and their entire devotion to the arts of peace, and of a Christian civilization, might have been taken as a proof that they would learn war no more.

But suddenly the General Government summons from the States a vast army, and demands its immediate rendezvous at the National Capital; the State Governments respond with alacrity, and here our short-comings first appear. The State military offices have been filled without regard to the qualifications of the candidates. Too often the incumbent has not only been utterly ignorant of his duties during his entire term, but what is especially to be deplored, incompetent to their proper fulfillment, should the emergency occur. The general complaint that now reaches us from every encampment proves but too conclusively the truth of our remarks. The military spirit of the people being aroused, the supply of troops greatly exceeds the demand. The preparation of the outfits of this army opens a vast system of stock-jobbing, which is eagerly welcomed by the thousands who are ready to "turn a penny" by any new adventure. The weak and imbecile officials readily become the tools of designing men, and exercise the functions of their office without discretion, or for mercenary purposes. As a consequence, the troops have been clothed with garments that would shame a convict, and

have been entertained with food that rendered their summons to mess more to be dreaded than an order to prepare for battle.

With such a class of officers to commence the work of organizing this immense army, it is not strange that many of the most important positions have been filled by men wholly unfit for the stations to which they have attained. At every place of rendezvous this fact is apparent on the most superficial examination, and at length it has been exhibited on the field of conflict. If these fatal errors in our army organization are not remedied in time, disasters will be multiplied, and ultimate defeat is not an improbability. But it augurs well for the intelligence of our people, and the final success of our Government, that these defects are already noticed, and are eliciting the watchword of reform—THE RIGHT MAN FOR THE RIGHT PLACE!

The pertinent inquiry will arise in the mind of every patriotic physician, who has also the honor of his profession at heart—Is the medical profession of the loyal States properly represented in this great uprising of the people for the maintenance of our national Government? The simple truth is, the medical profession has as yet not a proper representation or influence in this movement. Medical men wholly unqualified for their positions have, unfortunately, too often been already installed in important offices, from which emanate other appointments of the same low grade of qualification. In one State the question was asked by a leading paper, Who is our Surgeon-General? He was at length found, and proved to be a quack! It is not doubtful what will be the character of his subordinate officers. In another State, a surgeon, the brightest ornament of his profession, and who has a national reputation as an author, desiring to contribute his part to the good cause, early applied to the Surgeon-General of the State where he resided for the position of Medical Inspector at one of the rendezvous. He was, however, informed, by a communication from the Surgeon-General, that *no such office existed.* A few days after, the official bulletin announced the appointment, as MEDICAL INSPECTOR, at the very same rendezvous, and by the same Surgean-General, of a man of universally acknowledged incompetency. This fact has since been proved by the re-inspection ordered by the military authorities at Washington, of the troops which he had passed, and the discharge of large numbers as unfit for service.

The State Boards of Medical Examiners have proved, in many instances, either negligent, or culpably ignorant of their duties. We may estimate by hundreds the numbers of unqualified persons who have received the endorsement of these bodies, as capable Surgeons and Assisstant-Surgeons to regiments. Indeed, these examinations have in some cases been so conducted as to prove the merest farce. Irregular practitioners, "retired physicians," disabled "political doctors," physicians unable to obtain a livelihood in civil practice from sheer incapacity, have emerged from the "Green Room" full-fledged Army Surgeons. The result of this official ignorance is now apparent; the Secretary of War has recently called the attention of the Surgeon-General of the United States to the reported incapacity of regimental surgeons of the volunteer forces at Washington, and directed a re-examination, with a view to the dismissal of those found incompetent.

In the present number will be found the Plan of Organization of the Sanitary Commission, with the names of the members. A more important commission never was organized in this country, and it reflects most creditably upon the intelligence of our highest authorities, and their disinterested zeal in behalf of the welfare of our citizen soldiers. The investigations which this commission proposes to pursue, and the defects which it will aim to remedy, are of vital interest to the army, and involve, to a certain extent, the final issue of the struggle. The medical profession have a deep interest in the success of this commission, for it is in its incipiency, its duties, and its construction, a medical commission. It is, we believe, the first instance in which our Government has recognised a body as advisory in matters of a sanitary and purely medical character, independently of the medical department of the army. Our profession would gladly see this organization a permanent one. But its success depends upon the efficiency of the individual members of the commission. Distinguished as are the members of this body, and competent as they are to cope with the responsible duties which they have patriotically assumed, the medical profession will regret that the chivalrous State of Rhode Island could not have been represented by her distinguished Sanitarian, Dr. Edwin M. Snow; that New York could not add to its councils the knowledge of its wisest public Hygienist, Dr. John H. Griscom; and that Pennsylvania could not contribute the ripe experience of its practical Health Officer, Dr. Wilson Jewell. The names of many other gentlemen suggest themselves,

whose life-long studies have eminently fitted them for the researches of this commission.

But we forbear to pursue this subject further. We have made these remarks in no captious or fault-finding spirit, but with a strong desire to see errors corrected, and evils removed, which if allowed will in the end prove dangerous if not disastrous. Especially do we desire to see the medical department of the volunteer army elevated above the low level of partisanship and favoritism. We trust that the re-examination of the regimental surgeons at the Seat of Government will be rigid, and that the service will be thoroughly sifted of its unqualified medical officers. Let the popular feeling, which demands that incompetent commissioned officers of the line shall retire, or fall back into the ranks, be extended to the medical department, in all its branches, whether State or National. Let the motto of both Government and people in this struggle be:—THE RIGHT MAN FOR THE RIGHT PLACE!!

USE OF CATHARTICS.—DR. WARE'S LECTURES.

That the alimentary canal should be well evacuated at the beginning of any considerable disease, was stated at the beginning of this lecture. A good many questions arise, however, in connection with this point, which require further remark, particularly the connection with the matters evacuated may have had with the causation of the disease. When undigested food, or food become acid, copious fæces, especially of bad appearance, bile and secretions are discharged, we are apt to infer that these have brought on the attack, and particularly if their evacuation be followed by relief. This may be so, or it may not. When a patient has recently taken food, and when, either spontaneously or by the operation of medicine, he throws it up undigested or sour, or passes it in this state from the bowels, it is a natural inference that the food has caused the attack, especially when it has been erroneous either in quality or quantity. But this inference will often be a mistaken one. It may be that the indigestion has been the consequence of disease and not its cause.

When the food has been really the sole cause of the attack, its complete evacuation is usually followed by entire relief, whether effected spontaneously or by medicine.

But the evacuation of the offending food, either by vomiting or purging, is not always complete, and portions may remain behind, keeping up a continued state of irritation in the stomach, or even the whole of the alimentary canal, indicated by nausea, retching, epigastric distress, ineffectual attempts to vomit and imperfect action of the bowels. Where this state exists it is not well to persevere in active measures to procure evacuations, but to leave the organs at rest, administering only mild, soothing and liquid nourishment, and a few grains of carbonate of soda in solution, or a small quantity of lime water, every few hours. Sometimes very soon, or at farthest after a few days, the disturbance will subside, the organs rally and relieve themselves of their contents; or if not, may be made to do so by a mild evacuant, such as rhubarb or castor oil.

Where food has not been the whole cause, its evacuation, though giving much immediate relief to the sensations of the patient, does not relieve the disease, though removing the cause of its aggravation and continuance. Both of these contingencies are well illustrated by what happens in common cholera morbus. An attack of this disease may take place simply from irritating food at any period of the year, but especially in the summer, when the organs have become irritable from the influence of heat. In such cases, promoting effectual vomiting by warm diluents, or producing it by an emetic of ipecac, is generally sufficient. If the irritation and distress is great, the addition of ten or fifteen drops of laudanum and a teaspoonful of cinnamon to the emetic will render its operation easier and more effectual, by preventing that unequal and irregular action of the stomach and bowels which prevents in an irritable organ a complete effectual effort. But there is another class of cases, occurring almost exclusively after a period of very hot weather, in which the attack is of a different kind and its cause lies deeper. In these, food does not cause the attack; the attack finds the food in the stomach and its digestion is arrested. Its presence increases the irritation of the organ, for its digestion being arrested and the condition of the stomach changed, it becomes a foreign substance. Still its evacuation does not give any relief, and violent symptoms follow, such as epigastric distress, with severe ineffectual retchings and cramps. A very early emetic, with an opiate, largely diluted, will sometimes succeed here, but more commonly the best method is to quiet all activity by very full successive doses of laudanum—from 80 to 100 drops—each

dose to be repeated at once if rejected, and then leave the patient for a time without further medication. There is a series of cases lying between these two extremes. A man in health before going to bed eats largely of some unusual and improper food, and is waked up in the night by violent vomiting and purging. Another takes only his ordinary food, but is also attacked with equal or greater violence. The first throws up his food in an undigested state, and in twenty-four hours is well. The second also throws up his food in the same condition, but without the same relief. He has pain, nausea and epigastric distress, great prostration, painful spasms in the muscles of the abdomen and limbs, violent retchings with discharge of acid secretions and of green and yellow bile, perhaps copious discharges of similar matters from the bowels, he is reduced to a state of great exhaustion, becomes cold and almost pulseless—he may even die, though this is uncommon. At any rate, after the urgent symptoms have ceased, he continues ill for many days, and slowly recovers.

No doubt improper food alone will sometimes produce continued disease; but more commonly when disease is apparently produced by food, as indicated by its expulsion in an undigested or chemically altered state, there has existed a preceding predisposition which the food simply calls into activity.—There are some persons, indeed, with a stomach so weak and irritable that they may be regarded as always in such a state of predisposition. By great care they may keep themselves infinitely in a comfortable state of health, but upon the occasion of some error or diet, or from any cause of irritation or exhaustion, they will undergo an attack, not relieved by evacuation, but following a course more or less like those just described.

These remarks are intended to illustrate conditions of the stomach which may arise in disease and in any period of disease—in which some offending load is present which may be the sole cause of the symptoms from which the patient suffers, or which may be only the consequence of a condition under which the stomach has previously labored. The general principles of treatment will be always essentially the same. In either case, the removal of the load is to be desired and attempted. If the attempt is successful, in the one case the whole trouble is removed, in the other an impediment to its removal by the efforts of Nature is taken away. If unsuccessful, the organ is not to be annoyed by repeated efforts,

but either to be left to rest, or its irritation soothed by palliating measures.

Much caution is to be used in judging of the state of the patient as connected with the presence of undigested food. Thus periodic attacks—such as epilepsy and sick headache—are apt to be attributed to this cause, because, either spontaneously or by an emetic, articles last eaten are rejected, and often in what is regarded as an unnatural state. Now even the contents of a stomach engaged in the act of a healthy digestion are often acid, and have a disagreeable odor and appearance; so that if a fit of epilepsy comes on during this act, and an emetic be given, it is apt to be inferred that the food has been the cause of the fit, and that it was of an improper kind. This seems to the observer to be confirmed by the fact that relief follows the act of vomiting, and as a consequence the articles taken are in future forbidden. Hence, a patient is sometimes unnecessarily restricted as to his diet, from the delusive idea that indigestion is the whole cause of his malady, while, in fact, the indigestion is caused by the approach of the fit. A similar remark is true of sick headache. No doubt occasional attacks of it will be brought on by great errors as to diet, as is also the case with attacks of epileptic convulsions. But in both these maladies there is in most patients a constitutional tendency to them, which will bring them on at certain intervals whatever care is taken. A reasonable restriction as to food will prolong this interval, but the return of the attacks is a species of necessity and cannot be wholly prevented.

There are other conditions of the digestive organs, occurring either as insulated attacks or at the beginning or in the course of other diseases, which require notice, and they often present questions of treatment difficult to determine. Thus, severe and painful spasm may seize the stomach from the presence of undigested food, or from food of an improper quality or quantity. This spasmodic state may be regarded as the result of an abortive or imperfect attempt to vomit—just as cramp will sometimes seize the calf of the leg, or some other muscle, as a consequence of an attempted voluntary motion, instead of the normal voluntary contraction. In this state of things there are two modes of treatment, either of which may be successful or either of them fail, so that it is not always easy to decide between them; either by an emetic or ipecac, which shall substitute the normal effort to vomit for the spasmodic condition which seems, as it were, to grasp the offending contents in a close embrace; or by an opiate which

quells the spasm, and thus brings the stomach into a condition that enables it to empty itself in the natural way, or suffer an emetic or cathartic to do this without opposition. When the spasm and pain is moderate, intermittent with long intervals, and accompanied by nausea and efforts to vomit, especially if we know that the food has been recently taken, in large quantity and very indigestible—an emetic guarded by an opiate and some aromatic, may be employed safely.* But if the spasm be fixed and violent, and the food has been taken some time before, so as to be partially digested and be passing into the intestines before the attack begins, a full opiate, repeated immediately if rejected, and at intervals, till the spasm is relieved, seems to be the proper method.

An analagous state of things occurs in the large intestine, giving rise to the different forms and degrees of colic. Colic probably originates in an effort to carry forward and discharge something from the bowels—either fæces, food or flatus—which is ineffectual and passes into spasm. Here, too, relief may be obtained in two ways, either by a cathartic, which substitutes the normal peristalic action for the morbid condition, or by an opiate, which quiets that condition, leaving the offending matters, after a period of rest, to be evacuated naturally or by a cathartic. When the attack is moderate, the cathartic practice may be employed, but in a large proportion of cases the opiate is better, or at any rate easier to the patient. Attacks of this description are very frequently met with, varying in degree from those which are well marked and formidable, to those so mild as to be simply very uncomfortable. The treatment will, of course, vary with the intensity. A dose of castor oil, or of some of the aromatic and stimulating purgatives, such as tincture of aloes and myrrh, or compound tincture of senna, or an operative enema, aided by external applications, are often quite sufficient, whilst at other times large doses of laudanum or other opiates became indispensable. It is acting on the safe side to prefer the latter method to the former. It certainly sometimes happens that the attempt to remove the trouble by cathartics converts a moderate and simple case into a severe and complicated one. The stomach is nauseated by the medicines administered and rejects them, or the whole canal is thrown, by the efforts excited, into a state of high irritation, and a train of distressing

* R. Inf. menth. pip. vel cinnam., two ounces; pulv. ipecac., two scruples;—zinc. sulph., one scruple; tinct. opii, thirty drops. Mix. One half to be taken at once and repeated.

and sometimes alarming symptoms follows. When dependence is placed upon opiates, it is better at first to give a little more than is absolutely necessary, than a little less. An under dose may require to be repeated, and thus in the end a larger quantity be taken than if a full dose be given at once.

There are some persons whose organs of digestion are extremely susceptible to all medicines, in whom the attempt to evacuate them at any period of disease, and sometimes even in health is productive of great irritation, indicated by nausea, vomiting, colicky pains, ineffectual retchings, and great restlessness and prostration. By some practitioners, the evacuation of the bowels is regarded of such indispensable necessity, that the attempt is repeated and persisted in, as I think, sometimes to the manifest injury, certainly to the great annoyance of the patient. It is seldom so essential a point as to render this advisable. Such a condition of the canal necessarily lessens the ability to contend with whatever disease may be present, and is a greater evil than the presence in it of the substances it is attempted to remove.

In such constitutions, when we are acquainted with them, it is better to trust the case wholly to the mildest palliatives, and soothing external applications, emptying the bowels only by enemeta. By this plan the disease may run through its natural course without evoking that tendency to gastric and intestinal irritation which is peculiar to the patient. Where the constitution is unknown, and this state of things is brought on by the ordinary course of treatment, as soon as it manifests itself all active interference should be suspended, and the disturbance that has been created may then spontaneously subside. The subsidence will be sometimes aided by articles grateful to the taste and gently stimulating to the stomach, such as some of the essential oils dissolved in alcohol—the oils of worm-wood, of checkerberry, of cinnamon, of peppermint, etc. Small quantities of soda combined with these, and effervescing mixtures in small and frequently-repeated doses, as of soda and lemon juice, will often be of service, as will also small quantities of brandy slightly diluted. The effect of opiates is more uncertain. A grain of solid opium or more is occasionally successful, or a frequent repetition of very small quantities of morphia, black drop or the liquid extracts. All attempts at evacuating the canal, except by enemata, should be avoided; irritating external applications are at best useless, and those only of a soothing kind will be of any avail, such as

warm poultices to the abdomen and fomentations of water, hops, chamomile, etc.

The conditions here referred to as objects of attention are not in themselves the disease, but are accidents which may occur in any disease. Their occurrence, however, is an event of importance in the progress of the case in which it takes place, and may seriously interfere with its favorable course.—The violence of this secondary affection is, however, by no means any measure of the severity of the primary, but rather of a peculiarity in the patient himself. It may occur in even so light a disease as a severe cold, and, in the same person, is less likely to occur in a very grave attack than in one of a moderate character. The same thing is not unfrequently observed as to other constitutional peculiarities. They continue to exhibit themselves in cases of slight disease, but a very severe one, seems, as it were, to reduce all constitutions to nearly the same level, and to over-ride tendencies which manifest themselves on ordinary occasions. Thus, it is a matter of common observation that nervous and hysterical patients, who are abundantly troubled with their peculiar symptoms during trifling ailments, and even in their ordinary health, become tranquil, quiet and entirely free from them, in aggravated and especially in mortal diseases.

Somewhat related by certain affinities to the cases which have been considered, in another condition that may occur in almost any period of disease, in connection with the attempt to evacuate the alimeniary canal; I mean what is popularly called a "stoppage of the bowels." This is a prominent characteristic of an attack of ileus, and is then at once accompanied by other characteristic symptoms, but I refer more particularly here to its occurrence where there has been no preceding indication of any local difficulty in the bowels themselves. In a case where these organs have been acting very well, there is a sudden failure in the operation of a purgative; a more active one is administered, which is still resisted, and we find that the canal is closed. Perseverance in the attempt to open it only agravates the difficulty and brings on a state of general irritation, such as has been above described. Very powerful cathartics will sometimes force their way through and give relief, but not generally; and the case may assume all the formidable characteristics of ileus and prove fatal. The local state of the parts concerned cannot always be determined. In those which terminate in death, there is usually found some of those mechanical impediments which are enumerated as the

causes of ileus, such as introsusception, diverticula, internal hernia, stricture, etc. But in those where the bowels finally give way, we can only conjecture the state of things. It may be simple torpidity, inflammation, or spasm of some part of the tract of the intestines.

The essential object of treatment was formerly judged to be the procuring of discharges. Because relief always followed the opening of the bowels, it was inferred that this was the *sine qua non*, and the thing to be accomplished at all events. But as it was found that in fatal cases a state of disease was revealed which no purgatives could have removed, it was quite as reasonable to judge that the "stoppage" in those recovering was dependent upon an entirely different condition of parts; that this condition gave way and then discharges took place, and that seemed to be the cause, which was in fact only the consequence. A practice in conformity with this view is now generally regarded as most judicious. Wherever there is a decided closure of the intestines, we are to cease active interference so far as this particular object is concerned. Where there is no pain or other indication of actual disease, we are simply to stand aloof, and by and by, in a vast proportion of cases, the difficulty is spontaneously resolved. Where there is pain, tormina, swelling the other symptoms of mechanical obstruction, and ineffectual efforts on the part of the intestine, all active symptoms are to be quelled by opium, and the parts are to be kept under its full influence till the patient dies or the bowels act of their own accord or by enemata. This course not only is attended by far less suffering in cases necessarily mortal, but by the more frequent recovery of cases which, under the aggressive form of treatment, seem likely to have come to the same termination.

I would remark, with regard to all these different states of the canal which have been spoken of, that in looking back upon past experience, I am persuaded that their occurrence is far less frequent, the recovery from them far more speedy, and the suffering of the subjects very much less, under the palliative treatment, than the persevering and active medication which it was formerly judged necessary to adopt.—*Bost. Medical Journal.*

SANITARY CONDITION OF TROOPS.

We publish with pleasure the following excellent directions for the sanitary conduct of the troops in the field, which constitute the substance of a report prepared by Dr. John Ware, of the State Medical Commission, to be communicated to the Massachusetts regiments in active service.

Directions.—Soldiers should recollect that in a campaign, where one dies in battle, from three to five die of disease.—You should be on your guard, therefore, more against this than the enemy, and you can do much for yourselves which nobody can do for you.

1. Avoid, especially, all use of ardent spirits. If you will take them,—take them rather *after* fatigue than before.—But tea and coffee are much better. Those who use ardent spirits are always the first to be sick and the most likely to die.

2. Avoid drinking freely of very cold water, especially when hot or fatigued, or directly after meals. Water quenches thirst better when not very cold and sipped in moderate quantities slowly—though less agreeable. At meals, tea, coffee, and chocolate are best. Between meals, the less the better. The safest in hot weather is molasses and water, with ginger, or small beer.

3. Avoid all excesses and irregularities in eating and drinking. Eat sparingly of salt and smoked meats, and make it up by more vegetables, as squash, potatoes, peas, rice, hominy, Indian meal, etc., when you can get them. Eat little between, when you have plenty at meals.

4. Wear flannel all over in all weathers. Have it washed often when you can—when not, have it hung up in the sun. Take every opportunity to do the same by all your clothing, and keep everything about your person dry, especially when it is cold.

5. Do not sit, and especially do not sleep upon the ground, even in hot weather. Spread your blanket upon hay, straw, shavings, brush-wood, or anything of the kind. If you sleep in the day, have some extra covering over you.

6. Sleep as much as you can, and whenever you can. It is better to sleep too warm than too cold.

7. Recollect that cold and dampness are great breeders of

disease. Have a fire to sit around whenever you can, especially in the evening and after rain, and take care to dry everything in and about your persons and tents.

8. Take every opportunity of washing the whole body with soap and water. Rub well afterwards. If you bathe, remain in the water but a little while.

9. If disease begins to prevail, wear a wide bandage of flannel around the bowels.

10. Keep in the open air, but not directly exposed to a hot sun. When obliged to do this, a thin, light, white covering over the head and neck, in the form of a cap with a cape, is a good protection.

11. Wear shoes with very thick soles, and keep them dry. When on the march, rubbing the feet, after washing, with oil, fat or tallow, protects against foot-sores.—*Boston Medical Journal.*

ON THE PALLIATIVE TREATMENT OF ASTHMA.

By T. L. PRIDHAM, Esq., Bideford, North Devon.

The first on the list is stramonium, the fumes of which may be collected in an inverted glass bowl with a narrow mouth; the bowl being charged to its full is placed under the mouth of the patient, who is directed to inhale to the fullest extent in his power the smoke which has been collected in the bowl, taking care to hold his head away from the bowl, when an expiration takes place. Chloroform, both taken internally or inhaled, is a powerful remedy, but must be employed with caution, and never administered except by a medical attendant. The fumes of nitre paper in a state of ignition, well inhaled, is often a valuable remedy. Care should be taken to procure the best prepared from a good chemist. Chloric ether and the tincture of the lobelia inflata will occasionally relieve.—Bicarbonate of soda, as well as chlorate of potass, given in full doses, I have frequently seen produce a good effect. Again, I have seen repeated doses of sulphurate of alum procure relief, the powder being allowed to dissolve on the tongue before it is swallowed in ten grain doses. I have also seen the fumes of tobacco, inhaled as I have recommended in the use of stra-

monium, relieve, when other remedies have failed; but I do not like this remedy, it produces such deadly faintness and nausea. Small drinks of the best Mocha coffee, made strong, will often procure relief. On two occasions, when every other remedy failed, I succeeded in procuring almost instant relief, by injecting two grains of morphine and a drachm of tincture of assafœtida. These were cases where mental distress appeared to be the exciting cause.

I have often sat at the bed-side of one, suffering from the severest form of the disease, watching with great anxiety the result of prescribed remedies, and it has not unfrequently happened that many have been tried without relief, the patient all this time gasping for life with sufferings the most intense, when relief has at length come from a remedy apparently the most unlikely to procure it—so capricious is the disease, and so uncertain the remedy in asthma cases of this particular character.—*Brit. Med. Jour. Dec.* 29, 1860, *p.* 1000.

MIDWIFERY, AND THE DISEASES OF WOMEN, &c.

Amenorrhœa.—*Neuralgia.*—Pains under the left breast, in the intercostal spaces, or in the temples, are very frequent and distressing symptoms occurring in cases of amenorrhœa. They are most quickly relieved by anodynes, but generally only temporarily. The use of small doses of arsenic (two drops of Fowler's solution thrice a day) will be of more ultimate benefit, although not so immediately effectual. When there is any indication of a rheumatic taint of constitution, very satisfactory results will be obtained by the administration of thirty or forty drops of the tincture of *actea racemosa*, or black snake-root (an American plant,) three or four times a day, in a little water. The most rapid relief can be given by the subcutaneous injection of morphia. In *chronic and obstinate neuralgic headache* a very effectual remedy in my hands has been from half a grain to a grain of sulphate or phosphate of nickel. (Prof. Simpson, p 257.)

Application of the Forceps.—The aphorisms Denman so frequently taught in our medical schools and followed by practitioners, that the forceps must never be applied until the

head has rested on the perineum for six hours, or except an ear of the fœtus can be felt, are both bad. There are many cases where such delay would be highly injurious, and it is unnecessary to feel the ear of the fœtus. (Dr. A. B. Granville, p. 307.)

Artificial Dilatation of the Os Uteri.—When the os is rigid and contracted in the first stage of labour, and turned towards the rectum, instead of downwards and forwards, first influence the patient gently with chloroform in the following manner: Pour a little chloroform into a tea-cup and hold the edge of the cup to the lower lip of the patient, bringing the open vessel a little over the mouth, but not so as to prevent the free ingress of air both into the mouth and nose; the nurse can manage this whilst you watch the effects. Now introduce the forefinger into the rigid os uteri, and, while the patient is under the influence of the chloroform, gently dilate the part by very quietly, during each pain, pulling the anterior lip towards the pubes. You may keep the patient gently influenced by the chloroform till the os has lost all its rigidity and has become dilated. Now leave off the chloroform till the tough perineum has to be dilated, when you may use it a little again. You will thus save hours of misery and do good to your patient. If the chloroform act too much, cempound spirit of ammonia either taken or breathed is an almost instantaneous antidota. (Dr. Braithwaite, p. 210.)

Cæsarean Section.—If the operation be done with resolution and rapidity, no great alarm need result if we find the placenta attached to the anterior part of the uterus. A sudden gush of blood will follow the incision into it, but the operation must be nevertheless proceeded with, and the placenta be extracted first, as rapidly as is consistent with doing it well. (Dr. J. Edmonds, p. 219.)

Cancer of the Breast.—Sulphate of zinc is one of the best tonics which can be given; somtimes the pain is alleviated, and frequent improvement of the general health follows its prolonged use. (Mr. H. George, p. 260.)

Catamenial Acne.—In some persons a crop of acne appears if the proper menstrual flow is at all checked. In many, this eruption disappears if the flow be restored, but in some it still remains persistent. If, in these cases, you apply the oil or butter of antimony with a brush, very thinly, and neutralize it quickly with tho bicarbonate of soda, the eruption will frequently disappear very speedily; and thus used, the preparation does not cause any pain, nor does it exercise any

caustic action. Citrine and mercurial ointments are also very good applications. If one part of the ordinary tincture of iodine be mixed with two parts of the milder aquæ ammoniæ, and allowed to stand forty or fifty hours, the mixture, which is at first brown, becomes quite clear and colorless. As it possesses all the activity of the tincture of iodine, and is yet colorless, it forms one of the best preparations for external application. It may be used to advantage in cases of acne. (Prof. Simpson, p 258.)

Chronic Mammary Abscess.—These cases are sometimes very difficult to cure. It has been recommended to pass a seton across them in a perpendicular direction; but milder means may be employed with success. Apply Scott's ointment to the breast, spread on lint, then place tightly over this strips of plaster an inch and a half in breadth, and bandage the whole carefully. (Mr. W. Coulson, p. 255.)

Deficient Involution of the Uterus after Labor.—*Bromide of Potassium.*—Sometimes the uterus does not undergo the normal retrograde metamorphosis after labor, and remains large and heavy, the fibre cells being loaded with fatty particles. The uterus is felt large, soft, and heavy, and there is a feeling of weight and discomfort in the pelvis. In many cases, the abstraction of a small amount of blood from the vaginial portion of the uterus, or the perineum, is called for, and is more especially beneficial in those cases where there lingers any degree of congestion or of inflammatory action in the uterus. The most efficacious of absorbent remedies are the iodide and bromide of potassium. The latter is preferable, however, as it does not produce that marasmus so often caused by prolonged use of the former. The bromide, moreover, acts as a special sedative on the reproductive organs. The dose should be about six grains, three times a day, and it may be continued with iron or other tonics, if anæmia or atony co-exist. Good diet and other hygienic means must be employed. (Prof. Simpson, p. 224.)

Fibrous Tumor of Uterus.—Intra-uterine fibrous tumors may be destroyed by gouging out a portion of their tissue. The vitality of the growth is so low, that the remaining portion gradually disintegrates, and comes away as discharge. As a preliminary step, it is better to incise the os and cervix uteri. The best instruments to use are those of Mr. Harper, for which see wood-cuts and description at p. 245. (Mr. I. B. Brown, p. 242.)

Inflation of the Lungs of Infants.—*New Instrument.*—Dr. Wilson, of Glasgow, has invented an instrument for the purpose of inflating the lungs of infants born in an asphyxiated state. It consists of a small india-rubber ball, to which is attached a slightly-curved german-silver tube about six inches long, and having two openings a short distance from the point, and a larger one almost an inch from the attachment of the tube to the ball. The tube is introuced into the larynx, and the larger opening being closed by the finger, the ball is compressed and air forced into the larynx; the finger must be removed during the expansion of the ball that fresh air may enter by the larger aperture. The insufflation of the lungs must be gently and slowly performed, and the chest may be slightly compressed after each inflation. If there is much lividity, allow a drachm or two of blood to escape from the divided vessels of the cord. The instrument may be obtained from Mr. Hillard, surgical instrument maker, Glasgow. (Dr. J. G. Wilson, p 261.)

Ovarian Tumors.—After tapping, apply constant and regular pressure, this much retards the refilling of the cyst. This treatment is only applicable in the monocystic forms of the disease. (Mr. I. B. Brown, p. 247.)

Ovariotomy.—If you think ovariotomy advisable in a case, do not delay it, for after the abdomen has been disturbed by repeated tappings, and the constitution drained by the constant refilling of the cyst, the mortality is very much increased. (Mr. I. B. Brown, p. 248.)

When should the clamp be used, and when the ligature, in securing the pedicle? This depends entirely upon the length of the pedicle; if it is pretty long the clamp is much preferable. If short, we are obliged to use the ligature, letting the stumy of the pedicle return within the abdomen; when this is done the mortality is much greater. (Mr. I. B. Brown, p. 247.)

Sixteen per cent. of the fatal cases die from bleeding from the pedicle. A most excellent plan, and one which renders the use of the clamp unnecessary, is to cut through the bottom portion of the tumor, instead of the pedicle, leaving a portion about the size of a small band, attached; this must be retained outside the abdomen. All risk of serious hemorrhage is avoided. (Dr. Tanner, p. 249.)

The metallic sutures or hare-lip pins, used to close the abdominal wound, must be passed through the peritoneal edges, as well as through the integuments and muscle; otherwise the

peritoneum will retract, and a raw surface of considerable breadth will be left exposed to the general peritoneal cavity. (Mr. T. S. Wells, p. 250.)

Besides the precaution of fastening the pedicle externally, and making the smallest external incision compatible with the passage of the tumor, other essentials for success are:—1. To pass silver pins so deeply through the abdominal parietes so as to include the peritoneum. Union by the first intention of the deep parts of the wound is thus secured, and the accidental entrance of any pus into the abdominal cavity is prevented. 2. Nutriment and stimulants must be very freely administered per rectum, when the patient is unwilling or unable to swallow them; they are capable of absorption into the system to a most remarkable extent. (Dr. L. Roberts, p. 250.)

Placenta.—*Removal of, after Labor.*—It is usual to wait for a pain or to be able to feel the insertion of the cord into the placenta, before attempting to remove it. But pains may mislead, and may arise from other causes than constructions of the uterus, and the feeling for the insertion of the cord is a very questionable proof that the placenta has become detached from the uterus. The great objection, however, is, that frequent and painful examinations are sometimes, and indeed often, necessary. The cord after the birth of the child will be found in a state of flaccidity; in a short time, however, it again becomes turgid with blood, which state again passes into one of flaccidity; and this occurs so regularly that this flaccid state following the turgidity constitutes a sign of detachment, which may almost invariably be relied on. (Mr. J. Clay, p. 223.)

Polypus of the Rectum in Children.—Our attention is again called to this affection by a case occurring at Guy's Hospital. The polypus had been overlooked completely by several medical men, who evidently had not read the able article written on the subject by Mr. Bryant last year (*Retrospect*, vol. xli., p. 255.) This affection is most likely to be mistaken for piles, or simple prolapsus of the rectum. There is always hemorrhage from the bowel. The polypus may be broken off by traction, or removed by ligature. (Mr. T. Bryant, p. 263.)

Position in Labor.—In cases of lingering and protracted labor, it is often a good plan to let the woman sit upright upon two chairs fastened to each other *in front* by tape or other strong material, and the *backs* separated one and a-half feet, as may be necessary. The patient during a pain can take

hold of the bed-post, and the accoucheur can from time to time ascertain the progress of the case. The patient must be removed to bed when the head is nearly born. In all cases in which this proceeding is adopted, the head should be within the pelvic inlet, and the os uteri dilated fully one half; and further, the failure of the pains in the horizontal position must be first evidenced. (Mr. R. Hardy, p. 301.)

Pregnancy.—*Operations during.*—If it becomes necessary to perform any operations on a pregnant woman, do not hesitate to perform it; but if it can be delayed till the labour is over, defer it. Some of the most serious operations, as tracheotomy, operations on varicose veins, and removal of condylomata about the anus and vagina, have been performed without any untoward result whatever. (Mr. Shaw, p. 241.)

Premature Labour.—*Induction of.*—Pass the tip of the fore-finger of the left hand within the os uteri, and slightly dilate it, pulling the neck down a little, and passing the finger round a little inside. This process, if not accomplished easily at first, may be done more successfully upon a second attempt. Upon each occasion some pains will ensue, and ultimately labour will come on, when an elastic tube may be passed up between the walls of the uterus and the membranes, and a little cold water injected. If any resistance is experienced in introducing it, the tube must be withdrawn and reinserted in another direction. Labour will now proceed naturally. (Mr. H. Sames, p. 217.)

Prolapsus Ani of Children.—Those surgeons who like to hazard such a mode of treatment, may follow the plan pursued lately in a case of this nature by M. Foucher. This gentleman injected just external to the anus, ten drops of a very weak solution of sulphate of strychnia (twenty centigrammes to twenty grammes of water,) using a Wood's subcutaneous injection syringe. "The cure was immediate." The principle, of course, is the direct action of the salt upon the fibres of the sphincter. (M. Foucher, p. 263.)

Prurigo Pudendum.—In cases of follicular inflammation of the labia, in ecezama, and prurigo pudendum, carefully rub over the diseased portions of skin or mucous membrane a piece of cotton-wool soaked in a solution of nitrate of silver.—This may be continued two or three minutes at a time, and be repeated every day or two.—(Dr. J. Tilt, p. 254.)

Puerperal Insanity.—*Its connexion with Albuminuria.*—It is a curious fact, unknown by the majority of the profession, that in a large proportion of cases of puerperal insanity, albu-

minuria precedes and attends the first access of the disease.—It, however, generally passes off with extreme rapidity, often in two or three days. Hence it has been so rarely found, on examination, that no connexion between albuminuria and puerperal insanity has hitherto been recognised. When the insanity recurs in the form of successive attacks, each attack will be found connected with a fresh appearance of albumen. If the doctrine of Frerichs be right, that the urea retained, as it always is in cases of albuminuria, is not injurious *per se*, but only from its decomposition into carbonate of ammonia, (albuminuria with, of course, uræmia) causing two other diverse and separate affections—puerperal convulsions and puerperal insanity; the former being caused when carbonate of ammonia results from the change in the urea, and puerperal insanity when some other unknown alkaloid product results. (Mr. Calvert has lately shown that various unknown alkaloids are formed during animal decomposition.) (Prof. Simpson, p. 235.)

Puerperal Mania.—If, in the onset of a case of puerperal mania, we can induce sleep, the probability is that the patient will wake up tolerably well, or at any rate, the case becomes much more hopeful. The best remedy is opium, but it must be given in doses of two or three grains. If the patient, cannot or will not swallow, you may succeed in introducing the drug in the form of a suppository into the rectum. One or two grains of morphia are required when then the drug is administered in this form. In some cases sleep may be procured by means of ether or chloroform, and the patient thus anæthetised has continued to sleep on and has awaked up quite well.—(Prof. Simpson, p. 233.)

Retroversion of the Gravid Uterus.—In reducing a retroverted gravid uterus it is very important not to attempt to push directly upward at first, as the promontory of the sacrum is in the way. The womb must be placed as much as possible in the right oblique diameter of the pelvis, by drawing the os and cervix towards the left acetabulum, and moving the fundus as much as possible towards the sacro-iliac syncondrosis. It is also well before commencing much manipulation, to introduce compressed sponge into the vagina, to dilate that canal for the more ready introduction of the hand, and to exercise gentle and steady pressure on the uetrus. (Dr. T. Skinner, p. 213.)

Sore Nipples.—A mixture of equal parts of brandy and glycerine forms an excellent application. (Dr. W. Frazer, p. 260.)

Suppression of the Secretion of Milk.—Moisten a flannel with saturated solution of camphor in glycerine, and apply it over the breast. This will often check the secretion of milk very quickly. (Dr. Harriss, p. 260.)

Vaginitis.—Inject a solution of Nitrate of silver (two scruples to the ounce.) This acts equally well whether the vaginitis be the result of uterine catarrh, or occurs spontaneously. It is most conveniently done if a small glass speculum be inserted first; as the speculum is withdrawn the solution follows it and may be received in a cup. (Dr. E. J. Tilt, p. 254.)

Vesico-Vaginal Fistula.—Do not operate in these cases when the woman is suckling. Also avoid operating on a ruptured perineum at this period. The patient is more liable to pyæmia at such times. [Mr. 1. B. Brown, p. 240.]

Mr. Buxton Hilliard, surgical instrument maker to the Glasgow Royal Infirmary, has invented a set of instruments which we think will prove extremely useful in the tedious operation for the cure of vesico-vaginal fistula. The speculum is one which, preserving the form of the vaginal, expands so as probably to give a better view of the parts than any speculum previously in use. The edges of the fistula are seized by an instrument called a "fistula clamp," which is so contrived that the edge of the fistula, when seized by it, is elevated above the surrounding parts, and only requires shaving off with a slightly curved knife. When Bozeman's knives are used, there is often much uncertainty whether the whole of the edges have been effectually pared or not; when this instrument is employed there can be no doubt about it. The tubular needle invented by Mr. Price is the best instrument for passing the metallic sutures through the edges of the wound. The ends of the ligature are brought together and twisted by means of another instrument, and an oval metallic plate applied, differing from Bozeman's in having nipples attached to it, instead of loose pellets being employed. Much trouble is thus saved, otherwise caused in passing each pellet separately. These instruments will be better understood by referring to the original article and the engravings at page 238.—*Braithwaite.*

MILK-SICKNESS.

VALEDICTORY ADDRESS DELIVERED BEFORE THE NEW CASTLE MEDICAL SOCIETY.

BY ISAAC MENDENHALL, M.D., Ashland, Ind.

GENTLEMEN:—Soon after the organization of our society, several members seemed anxious that this question should be discussed. In order to bring the subject before you, your President appointed at different times a member to read an essay on the subject. They having failed, I thought that I would at least give it a passing notice, and thereby get the opinions of other members.

History.—As far as we know, the first notice of the disease was published in Cincinnati, 1809, and consisted of the observations of Dr. Barbee, a highly intelligent physician of Bourbon county, Ky., who, on a visit to the upper settlements on the great Miami river, first became acquainted with it.* Since that time our medical journals have presented a great many papers on this malady; but notwithstanding the ability with which some of them have been drawn up, much obscurity and doubt envelope the malady. Kentucky, liberal in her efforts to relieve the afflicted, several years ago offered a reward for the discovery of the remote cause or causes of the disease; but no one has yet appeared to claim the prize with success.

This disease has been known in the States of North Carolina, Virginia, Tennessee, Kentucky, Ohio, Indiana, and Illinois. I believe it has not yet appeared west of the Mississippi river. In these regions it has been known at different times and different places; but it appears to be more prevalent in summer and autumn, though no season is entirely exempt from its ravage.

I have called the disease *milk-sickness*, from which you will infer that it is a disease produced in man by the milk of the cow, that contains a "peculiar" poison. Prof. Slack terms it *ergodelateria*, and says it is caused by the cattle eating blasted grain. As yet, we have no proof that blasted grain produces

* According to the late Dr. Drake, it was known in North Carolina eighty years ago. *Vide Western Journal of Medical and Physical Sciences*, IX., 243, which I found after penning the above.

the disease. As yet, we are entirely *ignorant* in regard to the cause of the *malady* in the gramntvorous animals: man generally receives the poison by using the flesh, milk, butter, cheese, etc., of the gramnivorous animals that have received a charge of the poison. Dogs eating of the flesh get the slows, and are unable to attend to their masters' calling. Buzzards cannot fly after eating the poisoned flesh; and all animals that eat of the dead carcasses are more or less affected. The disease is known by the animal trembling on exertion. Whilst at rest, no manifestations of disease can be observed. In many instances, it is no uncommon occurrence for cattle to drop down dead after being drove some four or five miles, that present no symptoms of the disease prior to the travel. Immoderate exercise is not a prerequisite of the manifestation of the disease: they will tremble while in their ordinary occupation of grazing, and die without the heat of labor. Calves will eject their milk and fall down and die, whilst sucking; and hogs will eject their food. These are the common symptoms by which the disease is known in the animals, until a post-mortem examination reveals the following phenomena: The stomach and intestines are inflammed; the mucous coat is measurably destroyed; the entire coats are in some cases gangrenous; they are a dark, or, I might say of a black appearance. This black color is not a mere congestion; the coats are not firm, though they are not easily broken down. In the ventriculus, or paunch, and, indeed, throughout the whole alimentary canal, is found a substance conglomerated and resembling cemented sawdust, in the shape of balls, somewhat elongated, some of them perfectly adherent to the coats of the digestive tube, whilst others are loose.

So far as I am acquainted with the semeiology of the diseases of animals, and their morbid appearances after death, there is no disease analogous to the one under consideration; as stated before, there is nothing known in regard to the cause, up to this time. Cultivation of the soil is considered a sure preventive; we may therefore infer that it is of vegetable origin. The horse, mule, cow, goat, sheep, hog, dog, and buzzard, have all been known to have the disease.

Symptoms in man: All ages are susceptible to an attack, though children are not so apt to be taken down by its invasion as the adult. When the invalid is about to be taken down he feels weary, and trembles more or less on exertion, and experiences pain, numbness, and slight cramps of the extremities; at the same time he generally becomes costive, and under

fatigue is likely to experience nausea; his appetite is not generally impaired at first, but has a feeling of depression and burning at the stomach; is irresolute, and is as much indisposed to mental as bodily effort. He may continue in this situation for some time and recover spontaneously, or with the aid of a mild cathartic; but more commonly, under the influence of an exciting cause, severe symptoms supervene: a full meal, indigestible food in the stomach, or exertion, is such an one. The invalid being subject to these, full vomiting comes on, with much epigastric distress. He throws up the contents of the stomach, and, continuing at short intervals to vomit or retch, brings up small quantities of acrid mucus, tinged in streaks or spots of an indigo color, but very seldom any bile. As the disease advances it becomes of a muddy, dirty appearance; the vomiting is so obstinate in many cases that not a particle of medicine or fluid can be retained for some time; there seems, indeed, to be an inverted peristaltic action of the stomach and bowels; during the intervals the patient lies on his back, and throws himself from side to side of the bed. There is an insatiable thirst: his urgent desire is water, to allay, as he confidently expects, the burning sensation of the stomach, which is a constant symptom; its soothing effects are but temporary; it is soon ejected, and he urgently calls for more. In the midst of these symptoms his bowels remain torpid, though in some cases diarrhœa is present. But little pain is complained of in the bowels, and they do not appear to swell, but the contrary, and seem retracted and reduced in volume; so much so that the pulsations of the abdominal aorta can be distinctly felt, and is found beating with unwarranted violence. The discharges from the bowels consist at first of the natural excrements contained in them. They soon change to a dirty soap-suds appearance, and very offensive to the olfactory organs; after the use of medicine, they look as near like jelly and green moss chewed and mixed together as anything I can compare it to. The breath is generally offensive, somewhat resembling the smell of ptyalism and chloroform. I heard some of the farmers say it resembled the odor evolved from the rattlesnake. I have frequently noticed the same fætor to a considerable extent in the breath of children affected with worms.

In the forming stages there is but little change in the appearance of the tongue, but it soon coats over with a light white fur; after a few days it inclines to change to a brown color, particularly the middle part; the tip and edges are then

of a red and fiery color. The pulse is but little increased in frequency at first, most generally a little below the normal range of action; but as the disease advances, and places the patient in imminent jeopardy, the pulse increases in frequency. The respiration is with an occasional sigh, with a distressing sense of oppression in the chest. If the disease is not arrested, the irritation of the stomach increases; and if the discharges were not black before, they soon become so, and sometimes assume the coffee-ground color of the yellow fever. The breathing becomes more oppressive, with a sense of sinking of the chest; and an inability to supply the want is felt in the chest. The pulse is now small, frequent, and feeble, the countenance shrunken and anxious, the surface cool or cold, and cold extremities, whilst the trunk is generally hot, or warmer than natural. After several days, perhaps a week or more from the commencement, if the bowels have not been evacuated, they are apt to give way spontaneously; tympanitis takes place, and the patient has frequent griping pains, and frequent watery mucous discharges, tinged with blood. The tongue becomes dry, red, and fissured, the dorsum is covered with a dark fur, sordes collect about the teeth, soreness of the throat, with difficult deglutition, sometimes occur, and the patient lies on his bed with his legs drawn up. These symptoms may continue a few hours, or perhaps a few days, when stupor comes on, the pulse ceases to be felt at the wrist, and death takes place, preceded by profound coma. A favorable termination of the disease is marked by a gradual diminution of all the characteristic symptoms, until they disappear, though the convalescence is sometimes very tedious; and a liability to relapses remain for a long time, which may be called into action by an over-meal, fatigue, excessive exertion, or exposure to either excessive heat or vicissitudes of temperature.

But little is known in regard to the pathology. Public opinion is so averse to post-mortem examinations that it is very rare that a physician has the opportunity to make one. Dr. Graff says, in a woman who died of the disease he found inflammation of the meninges, and congestion with softening of the substances of the brain. The stomach was slightly contracted, and the mucous membrane was reddened in patches; there were a few ounces of bloody scrum in the peritoneal cavity, the liver deeply engorged, and darker than in health;—and the gall-bladder was distended with bile. Dr. William Trafton, of Evansville, Ind., is stated by Dr. Byford to have

found inflammation of the mucous membrane of the stomach, rigid contraction of the pyloric orifice, a dry and hard condition of the feculent matter in the bowels, and a total absence of intestinal gases. Dr. Dickey, in a case that died with all the symptoms of the disease, found, on opening the abdomen, the peritoneum was inflamed and gangrenous, the major curvature of the stomach was injected of a bright pink color;—the lesser curvature and orifices were pale—the contents resembled a chalk mixture intermingled with globules of oil.—This was olcum ricini, that had been taken during his illness. The mucous coat was much destroyed, and deprived of epithelium, there being an appearance of having suppurated throughout its whole surface of the duodenum and stomach. Brunner's gland was enlarged and red, but no signs of ulceration. Passing on to the jejunum, we found still more evidence of inflammatory action in this as well as the ilium; the mucous coat was easily separated by the finger nail, and the external surface of the latter presented flakes of white and green.—Peyer's patches were decidedly ulcerated. The contents of the cœcum were much the same as the ilium; the coats were found to be all affected, of a muddy, dirty appearance, some parts inclining to a green color. The large intestines contained much sulphuretted hydrogen. Colon in some parts rather pale, in other gangrenous. There was ramolissement of the liver. The border of the right lobe dark and indurated, left lobe mottled. The lobus spigelii and quadratus quite normal. The gall-bladder was much distended with a thick, tenacious fluid. Mesenteric glands motley. The organs situated in the thorax were healthy. By comparing the morbid appearances as here presented with those of the animal, we will find that the mucous coats of the stomach and intestines suffer most. Although the evidence here is not gleaned from many cases, yet those from the animal are founded on numerous dissections.

Prognosis.—This is a very grave disease. The physician should not promise too much: we cannot tell what amount of poison we have to deal with. When pressed for an opinion, give it cautiously. If the patient has a tolerably good constitution, and called early, it will generally end well.

Diagnosis.—The prominent diagnostic characters of milk sickness are: Violent and incessant vomiting, generally constipation, absence of bile in the matters discharged, a retracted state of the abdomen, and a hardened condition of the same. The heart manifests a convulsive action, and excessive

palpitation of the abdominal aorta, throughout the course of the disease, distressing burning and sinking of the stomach and bowels. Great mental discomfort; an excessive and peculiar odor of the breath; and with these the evidence of encephalic or abdominal inflammation, and in bad cases a depraved state of the blood, and great nervous prostration.

Treatment.—Venesection has been but seldom employed in this disease, and should not be recommended only where the brain and its membranes appear to be affected. Cupping the abdomen and scrobiculus cordis may be used to an advantage. Cathartics are the remedies universally employed. We need not state the individual experience of physicians in regard to their use; both they and the people make the indication of opening the bowels the indication of cure, and affirm that when the bowels are freely moved the patient rapidly recovers. In the forming stages, catharsis is generally easy to be accomplished; after vomiting has commenced, the difficulty is greatly increased. We consider that when the bowels are freely moved in a severe case, our labors are only commenced. Our plan is this: Give from thirty to sixty grains of calomel;—and if the bowels are not moved within four hours, give olcum ricini, or an infusion of senna and epsom salts. If these do not have the desired effect within three or four hours more, I use enemas composed of jalap, aloes, olcum ricini, and warm water; use them every hour until the bowels are moved freely. The calomel I give in sugar and water; if it is ejected, I repeat every half hour until I get a dose to stay down. If the irritability of the stomach should continue very long, I use sinapisms or epispastics; in some cases, a cloth dipped in cold water and applied to the scrobiculus cordis has a very sanative effect. The above course is persisted in and repeated every twenty-four hours, until the green, mossy appearance of the discharges is changed to a more biliary character. Experience has convinced me that it is perfectly useless to give calomel in alterative doses, in this disease; by giving it in cathartic doses, it will lie in the system long enough to have all the alterative effect that is needed.

I am aware that there are some physicians opposed to the use of calomel in this disease, for what good reason I do not know. I have tried to get along without it, but found that I was losing valuable time, not being able to find any other cathartic that would remain long enough to do any good. We find the vitiated secretions and excretions collecting in the alimentary canal daily, until the poison is expelled from the

system; hence it is that it is so necessary to keep up a continued regular action in the bowels, at the same time keeping the secreting organs aroused to their normal action, or as near as possible; at the same time we give stimulants during the whole course of disease, if there is an indication for their use. We endeavor to keep the pulse up to 75 or 80 beats to the minute; and if they flag much below that point, we give stimulants in appropriate doses, and repeat them according to the emergencies of the case; on the other hand, if the pulse is above ninety beats to the minute, we withhold them, especially if they have much force about them, until it is brought down to the normal standard, or a little below that point. If we stimulate too freely while the pulse is up to 100 or more, we most assuredly assist the disorganizing process already set up in the digestive tube or brain.

Some physicians pour the spirits into them without measure and without caution, thinking that if they can get liquor enough in them that their cases will get well; all such practice, to say the least of it, is reprehensible, and fraught with danger. It is true, some will get well under such practice,—some will get well if nothing is done; so it is with the most of other diseases, when the indisposition is slight. There is also a variety of opinions advanced in regard to opiates; we give them, occasionally, to allay the irritability of the stomach, and to procure rest.

Cold water is interdicted in this disease, and for what good reason I do not know; by allowing a portion of spirits to be added to each draught, we may allow a moderate portion given. An effervescing draught, composed of bicarb. soda and tart. acid, with the addition of a small portion of spirits, may be used, which is very grateful to the patient, and has a soothing effect in allaying the intense burning in the stomach. The spirits we have used are New England rum, wine, French brandy, alcohol. If we find that our patient appears to be sinking, with cold extremities, we have found epispastics applied to them to have a very good effect. If there is much cerebral difficulty, we apply cold water freely to the head.—Dr. Toland has also subjected his patients to the cold dash, and, he affirms, with apparent advantage. The diet must be mild, and easy of digestion: panada, toast, broths, soup, chicken-broth, etc. During convalescence the action of the bowels must be kept up, and hearty meals avoided; but above all, the patient must refrain from active exercise. When the recovery is slow, tonics are useful, especially chalybeates.

The above is a brief summary of my views of the disease. Although I have given rather an outline course of treatment, there are often many other indications to be fulfilled, which the enlightened and energetic practitioner will readily perceive. We might have went on and discussed the "mineral theory," the "vegetable theory," etc., but it would not have proved anything different than what has already been advanced, and already expressed, in regard to the different cathartics recommended by different members of the profession. A great variety have been used; some use croton oil. Dr. Bruller gave sulphate of magnesia and whiskey, and considered nothing else necessary. Dr. J. W. Crooks, who avers he has not lost a single case for 15 years, used alcoholic drinks, morphine and blisters, to allay the vomiting, and states that if compelled to limit his choice to a single remedy, he would select whiskey. He thinks that alcohol neutralizes the poison, and in its tura neutralizes the alcohol, as it is almost impossible to produce intoxication. He prefers, for the cathartic effect, sulphate of magnesia and calcined magnesia. As stated before, we prefer calomel for a cathartic in milk-sickness, before any other and all other cathartics.

There is no disease that requires more prompt and close attention than the one under consideration. The physician should put in as near all his time at the bed-side as possible, so as to be on the alert whenever any change takes place. It is a disease that will not bear dallying with very long. If any of you wish to investigate any further, I would refer you to Wood's Practice of Medicine, fifth edition, p. 460; Dickey on Milk-Sickness, Western Lancet, vol. xiii., p. 390; Drake on Milk-Sickness, Western Journal of Medicine and Surgery, vol. iii., p. 161, which have been consulted in writing this essay.—*Lancet and Observer.*

THE CAUSE OF MILK-SICKNESS.

BY S. C. CHASE, M.D., Harmar, Ohio.

Messrs. Editors:—I find in the March number of your journal an address on the above subject, by Isaac Mendenhall, M. D., of Ashland, Ind. Nor was I aware until I saw his essay, that the cause of this malady was unknown, generally,

to the medical faculty. I have been a practitioner fourteen years, during all of which time I have regared the cause of milk-sickness as easily traceable to its origin as the cause of ague, or any of the endemics; with this difference, that while the cause of endemics usually depend upon atmospheric conditions, the presence of miasmata, etc., the cause of milk-sickness depends upon the presence of vegetation, which abounds in certain localities only; for which reason the cattle of the fallow ground pasture field are exempt, while those of the adjacent inclosed wood pasture are trembling with the disease. In such wood pasture will be found the rhus toxicodendron growing every where among the grass, so that if the cattle eat grass they must also eat rhus. Notwithstanding instinct enables dumb animals to avoid some poisonous plants, yet in dry seasons cattle will devour the rhus with avidity, and have no objections to the foliage of the buckeye, the latter of which often produces as serious consequences (as far as the animal is concerned] as the former.

In the year 1841-2 I resided near the little village of Wyandot, in Marion County, O., during which time there were several cases of milk sickness in the neighborhood, some of which were fatal. The people, of course, were alarmed; milk, butter, and fresh meats, beef and veal were considered dangerous. As the excitement increased, the question with every body was, what is the cause? To solve the mystery, Dr. Brown, of Wyandot, and myself, commenced an investigation. In this undertaking I consider we were favorably located, as the surroundings were such as to afford us an ample opportunity to trace the effect to the cause, as there were but two places for the cattle to drink, and but three kinds of pasture; the first of which—viz: the inclosed, cultivated field, was exempt, while the contiguous inclosed, uncultivated wood pasture, and the prairie pasture contained the cause, as the cattle drank from troughs, supplied from wells, or at the Sandusky river, which is near the village. The water could not be the cause, as the cattle in the cultivated fields drank of the same water in both cases. As the cause was not atmospheric, we were forced to the conclusion that it was something which the cattle ate. After examining the whole premises carefully, and finding no other poisonous vegetable, we were satisfied that rhus was the cause of the disease,—in the texicology of which we believe the entire phenomena, as well as the pathological condition, (as present in milk-sickness,) will be found.

On breaking a stem of the rhus-leaf a milk-like fluid is exuded, which is exceedingly poisonous; if applied to the skin it will produce effects similar to those of argentum nitras, a black welt is produced, in a few hours becoming sore, destroys the cuticle, which sloughs, and upon healing leaves a circular cicatrice. So poisonous is rhus that it pollutes the atmosphere where it grows, so that children, as well as grown persons, who go among it to gather berries from bushes growing in the same locality, are badly poisoned. I have seen their faces swelled until their eyes were shut, their necks, hands and arms covered with inflamed vesicles, the cuticle highly inflamed, and not unfrequently constitutional symptoms produced, resembling those of milk-sickness. The nostrils of cattle that graze among it are covered with pustules. In fact, there can be no doubt that its poisonous exhalations are more to be feared than those of the fabled upas. Who can doubt that such quantities as are consumed by cattle must poison their blood, contaminate the milk, and be present in the butter, and produce all the symptoms enumerated by Dr. Mendenhall? That the milk and butter of such animals should be poisonous is in unison with the relation of cause and effect. And now, in summing up the evidence, we would respectfully present the following facts in the premises: First, there was no rhus in the cultivated field, (as cultivation destroys it,) and the cattle were not affected. Secondly, the contiguous wood pasture was covered with rhus, the cattle ate it, and were diseased. Thirdly, there was no other poisonous plant in either pasture. Fourthly, there was no water in either pasture, and the cattle inhaled the same air, except the atmosphere as impregnated by rhus. Will some of the physicians who reside where there is milk-sickness, please test the influence of rhus toxicodendrun, as the suspected cause, by penning up a few cattle and feeding them for a few days on rhus only, and report through your journal?—*Cin. Lancet and Observer.*

On the Treatment of Tetanus.—By Editor of 'Lancet.'—Of the different indications in the treatment of tetanus, besides the removal of any source of irritation, and the support of the general strength, but especially of the heart, two are prominently dwelt upon by writers, namely, to lessen the susceptibility of the nervous centres to any irritating influence

which may exist, and to diminish the irritation by means calculated to depress nervous excitement. To accomplish the first, Dr. Wood, of Philadelphia, thinks the weight of testimony is greatly in favor of opium, notwithstanding the contrary judgment of some distinguished authors. It has probably been employed, he asserts, as one of the remedies in the great majority of cases. It has failed like other remedial agents, but in many cases all prove ineffective. The liquid forms, from their more ready absorption, are to be preferred to the solid. The second indication is fulfilled by measures that have a sedative influence on the nervous system, and by those which act revulsively. Into these we do not propose to enter, but we may state that the tobacco enema (half a drachm to the half-pint of boiling water) is highly praised by Dr. Wood. It is to be repeated in an hour, and then every two or three hours, till the relaxing effects are produced. The nervous system is easily impressed by the influence of tobacco, as contrasted with opium; and we think that by-and-by, when the question has been thoroughly tested, it will be found that tobacco or its alkaloid, nicotine, is of greater value than many other remedies in tetanus. The revulsive plan consists in blisters or caustic applications to the whole length of the spine; or ice may be advantageously employed. The latter remedy is asserted to have been the means of cure in sixteen out of seventeen cases under the care of Dr. Carpenter, of Suffolk county, New York.—*Lancet, Dec.* 6, 1860, *p.* 560.

The Lamp Bath.—The following is a very simple and most effectual method of exciting the functions of the skin. Let the patient, in *puris naturalibus*, be seated on a common wooden chair with his feet upon a low stool the body then enveloped in two or three blankets, the head being excluded, and a large spirit-lamp placed under the seat. In about a quarter of an hour, the perspiration streams down the skin.—After a time the blankets must be removed, and the patient subjected to a douche of two pailsful of cold water, and then dried with much friction. After which a smart walk may be taken. (Dr. C. Taylor, p. 282.)

BELLEVUE HOSPITAL MEDICAL COLLEGE, NEW YORK.

ANNOUNCEMENT FOR 1861-2.

The Trustees and Faculty announce, with much pleasure, the organization of this College, with a corps of thirteen Professors, and a full course of Lectures during the next autumn and winter.

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George T. Elliot, M. D.,
B. Fordyce Barker, M. D., } Professors of Obstetrics and the Diseases of Women and Children.
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Timothy Childs, M. D., Professor of Descriptive Anatomy.
Austin Flint, M. D., Professor of the Principles and the Practice of Medicine.
R. Ogden Doremus, M. D., Professor of Chemistry and Toxicology.
Austin Flint, Jr., M. D., Professor of Physiology and Microscopic Anatomy.
Charles D. Phelps, M. D., Demonstrator of Anatomy.
N. R. Mosely, M.D., Prosecutor to Chair of Surgical Anatomy.
Sylvester Teats, M. D, Prosecutor to Chair of Operative Surgery, and Surgical Pathology.

PRELIMINARY TERM.

A preliminary term will commence on Wednesday, Sept. 18, 1861, and continue until the beginning of the regular term. In addition to daily instruction in the hospital wards, and clinical lectures, at least three lectures will be given daily on subjects of practical importance, by members of the Faculty, during this term. Among the subjects which will be taken up during the preliminary term are the following:—Organic Affections of the Uterus, by Prof. Taylor;—Uterine Displacements, by Prof. Barker; Inflammatory Diseases of the Uterus and Appendages, by Prof. Elliot; the Thoracic Viscera, by Prof. Childs; Auscultation and Percussion, by Prof. Flint; Syphilis, by Prof. Hamilton; Surgical Affections of the Genito-Urinary Apparatus, by Prof. Wood; Endosmosis and Exosmosis, with their Practical Applications, by Prof. Doremus.

The attention of students and practitioners is invited to the variety and practical importance of the subjects which will be treated of during the preliminary term. Although attendance is not required on the part of the student, it is designed to render this term not a nominal, but an actual extension of the period of instruction.

Dissections may be prosecuted during this term as well as during the whole of the regular term.

NINETEENTH

ANNOUNCEMENT

OF

RUSH MEDICAL COLLEGE,

FOR THE

SESSION OF 1861-'62,

WITH

CATALOGUE OF PREVIOUS SESSION.

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1861.

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EDWIN POWELL, M. D.,
Demonstrator of Anatomy.
Office, No. 45 South Clark St.

Prosector to the Professor of Anatomy, F. R. MILLARD.

CHARLES KEIL, JANITOR.

RUSH MEDICAL COLLEGE.

THE Nineteenth Annual Session of Rush Medical College will commence the ensuing October. The Preliminary Course will be opened upon Wednesday, October 2d; and the Regular Session, Wednesday, October 16th—the Annual General Introductory being given at 7½ o'clock P. M., at the College Hall. The Regular Session will continue sixteen weeks.

The highly flattering success of the last session of the College, (it having numbered the largest class ever assembled in the College) encourages the Trustees and Faculty in the belief that the ensuing course will maintain the present prosperous condition of the Institution, and that, notwithstanding the great political and financial derangement of the country, their efforts to afford a high grade of medical instruction, will be fully sustained.

It has not been found necessary to inaugurate any material changes either in the organization or curriculum of the College, everything during the previous session having denoted that the working of the organization was as harmonious and efficient as could be desired. Each member of the Faculty has made it an especial point to develop his particular department to the highest possible advantage of the class, and it remains their determination to omit no effort which may contribute to this desirable end.

The fundamental principle upon which the Faculty rely for success in teaching is, that each teacher shall be thoroughly grounded in the department in which he is to instruct. Subsidiary to this, nevertheless, of high importance, are the various MEANS OF ILLUSTRATION. Of these latter, ample and superior supplies are at their command. All the usual appliances and appurtenances of well conducted Medical Colleges have been secured, and the class of the recent session can testify to their frequent and instructive exhibition. By the employment of models, plates, drawings, prepared normal and abnormal specimens, abundant opportunity will

be afforded to students to inform themselves upon all matters capable of direct illustration.

The hospitals of the city, and the numerously attended cliniques at the College, afford large facilities for practical study of many varieties of disease. The profession can rest assured that during the session now announced, the opportunities for observation of clinical practice, and the various operations of surgery, will not fall below, and it is believed will materially surpass those of any former course in the College.

The weekly and semi-weekly cliniques have been attended by a constantly increasing number of patients, both in the medical and surgical departments, and the list of diseases and operations has afforded many rare and interesting cases for inspection.

In PRACTICAL ANATOMY, the Faculty are borne out by the facts in stating that nowhere in the Union can greater facilities be extended. The *materiêl* can be furnished to students in abundance, at as low rates as at any institution in the country.

As previously noticed, it is proposed, while no change is made in the length of the Regular Session, to give but two weeks to the Preliminary course. This change has been suggested as desirable in consequence of the political and financial disorder of the country, to lessen somewhat the pecuniary burden of students. While the time is thus abbreviated, it is intended to so increase the number of daily lectures during the Preliminary Course, that there shall be no dimunition of didactic instruction.

During both the Preliminary and Regular Courses, such especial attention will be paid to the subject of Military Surgery and the diseases incident to military life, as the circumstances of the times seem to require.

It is hoped that all matriculants of the College may find it convenient to attend during the Preliminary Course, since (while it involves no extra expense for instruction) various important subjects will be discussed.

Students are earnestly requested to be present on the first day of the session, as the series of lectures will commence promptly upon that day, and be continued, without interruption, thereafter until the day of the Annual Commencement.

REQUIREMENTS OF GRADUATION.

The following are the requisitions for the degree of Doctor of Medicine, viz:

1st. The candidate must be twenty-one years of age, and give satisfactory evidence of possessing a good moral character.

2d. He must have pursued the study of medicine three years, and attended at least two courses of Lectures, one of which must be in this Institution. Four years of regular and continued practice will be considered equivalent to one course of lectures.

3d. He must have attended Clinical Instruction during, at least, one college term.

4th. He must have been engaged in at least one course of Practical Anatomy.

5th. He must notify the Secretary of the Faculty of his intention to become a candidate, and deliver to him a thesis on some medical subject, written by himself, on or before the first of February, and at the same time deposit the graduation fee, which, together with the thesis, will be returned to him in case of withdrawal or rejection.

6th. Every candidate must undergo a full and satisfactory examination on all branches taught in the college.

7th. Graduates of other respectable schools of medicine will be entitled to an *ad eundum* degree, by passing a satisfactory examination, paying the graduation fee, and giving evidence of a good *moral and professional* character.

MISCELLANEOUS.

Students, upon arriving in the city, by calling upon some member of the Faculty, will receive such information as they may require, or any member of the Faculty may be addressed by letter.

Cards, containing the daily order of lectures, cliniques, etc., will be distributed the first day of the session.

THE PRELIMINARY COURSE.

Prof. BRAINARD will lecture on MILITARY SURGERY.
Prof. BLANEY on TOXICOLOGY.
Prof. ALLEN on DISEASES OF COLLECTIONS OF MEN.
Prof. MILLER on DISEASES OF FEMALES.
Prof. INGALS on MEDICAL JURISPRUDENCE.
Prof. REA on COMPARATIVE ANATOMY OF THE DIGESTIVE ORGANS.
Dr. POWELL on IMPORTANT REGIONS IN SURGICAL ANATOMY.

INTERMEDIATE COURSE OF INSTRUCTION.

The Spring and Summer Course of Instruction, conducted by an association of professional gentlemen connected with the college, will commence soon after the close of the Annual Session, and continue from twelve to sixteen weeks. There will be, as heretofore, from two to four lectures daily. Students will have an opportunity of participating in the clinical advantages of the College and Hospitals.

The usual announcement of this course will be given at an early period in the ensuing regular sessien.

FEES.

Lecture Fees, for the Course,	$40 00
Matriculation Fee,	5 00
Dissecting Ticket,	5 00
Hospital Tickets, (each)	5 00
Graduation Fee,	20 00

The Lecture Fees must be paid in advance by all, except those who have previously attended two full courses, one of which has been in this Institution.

The alumni of this, and the graduates of other respectable colleges, will be permitted to attend the whole or any part of the courses of lectures, by calling on the Secretary and procuring the matriculation ticket.

BOARD AND ROOMS.

Good board with rooms and all the usual accommodations can be obtained in this city at from $2.00 to $3.50 per week. By associating in clubs, students have, during previous sessions, been enabled to supply themselves with excellent accommodations at a material reduction even from these rates. Low prices now prevail in the city.

TEXT BOOKS, ETC.

Students will find a good assortment of medical books and surgical instruments in this city. It is recommended that they provide themselves with one or more text books in each of the departments. The following, among others, are recommended.

Anatomy.—Gray, Wilson.
Physiology.—Dalton, Draper, Carpenter.
Materia Medica, etc.—Wood, Stille, U. S. Dispensatory.
Chemistry.—Fowne, Stockhardt.
Obstetrics.—Churchill, Ramsbotham.
Surgery.—Erichsen, Chelius.
Practice of Medicine.—Wood, Watson, Maxson.
Surgical Anatomy.—Maclise.
Microscopic Anatomy.—Todd and Bowman, Queckett.
Surgical Pathology.—Paget.

CATALOGUE OF STUDENTS,

SESSION OF 1860–61.

NAMES.	RESIDENCES.
E. D. Andres,	Ohio.
Alvin T. Ackerman,	Wisconsin.
A. S. Abercrombie, M. D.,	Michigan.
Charles E. Allen,	Illinois.
F. M. Agnew,	Illinois.
A. A. Ames,	Minnesota.
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M. M. Adams,	Indiana.
M. Allen,	Indiana.
S. Alcorn,	Indiana.
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W. C. Brown,	Wisconsin.
H. S. Blood,	Connecticut.
D. J. Baen,	Indiana.
J. S. Braffit,	Illinois.
Jno. G. Boardman,	Illinois.
M. Brooks,	Indiana.
W. Bates,	Michigan.
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James Brown,	Illinois.
C. Bunce,	Illinois.
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R. N. Green,	Illinois.
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Frank Mehler,	Illinois.
I. C. Michner,	Wisconsin.
Miles Mix,	Wisconsin.
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James McMaster,	Illinois.
Wm. Mitchell, M. D.,	Wisconsin.
Hugh Marshall,	Illinois.
Albert Morrall,	K. T.
F. R. Millard,	Wisconsin.
Francis McCullough,	Indiana.
E. Nichols,	Illinois.
Jno. Nicolai,	Indiana.
S. C. Owen,	Indiana.
H. V. Passage,	Indiana.
Allen M. Pierce,	Illinois.
Z. E. Poland, M. D.,	Michigan.
Jno. Pruden,	Illinois.
W. R. Patton,	Illinois.
A. P. Rawson, M. D.,	Indiana.
R. T. Richards,	Illinois.
I. C. Robinson,	Illinois.
James J. Reed,	Iowa.
Marcus A. Rice,	Illinois.
W. R. Russell,	Wisconsin.
E. Fred. Russell,	Wisconsin.
C. G. Rasch,	Illinois.
M. Reece, M. D.,	Illinois.
E. O. F. Roler, M. D.,	Illinois.
H. A. Swayze,	Iowa.
W. D. Starkey,	Indiana.
E. F. Spaulding,	Wisconsin.

NAMES.	RESIDENCES.
T. W. Stull,	Illinois.
S. R. TenBroeck,	Illinois.
Charles B. Tompkins,	Illinois.
W. C. Thompson,	Ohio.
Edward P. Talbott, M. D.,	Indiana.
I. S. Underwood, M. D.,	Indiana.
Israel B. Washburn,	Indiana.
E. H. Winston,	Wisconsin.
Geo. Winch,	Wisconsin.
B. Ward,	Indiana.
Jno. A. Ward,	Illinois.
O. G. Walker,	Indiana.
Geo. A. Willson,	Illinois.
P. H. Willson,	Indiana.
J. H. Wagoner,	Michigan.
A. M. Walker, M. D.,	Indiana.
Wm. Warnock,	Illinois.
I. N. Whitman,	Wisconsin.
A. K. Vanhorn,	Illinois.
F. Harmon Young,	Minnesota.

STATES.

Illinois,	67
Indiana,	42
Wisconsin,	19
Ohio,	4
Iowa,	8
Michigan,	13
Minnesota,	2
Nebraska,	1
Kansas,	1
Pennsylvania,	1
Maine,	1
Connecticut,	1

GRADUATES OF RUSH MEDICAL COLLEGE.

SESSION OF 1860–61.

At the public Annual Commencement, held in the Hall of the College, on the evening of Feb. 27th, 1861, the Degree of Doctor of Medicine was conferred on the following gentlemen, by Prof. DANIEL BRAINARD, President of the College:

NAMES.	RESIDENCES.
Chas. Bunce,	Illinois.
Allen S. Barndt,	Wisconsin.
Wm. C. Brown,	Wisconsin.
Sidney S. Buck,	Illinois.
Benj. H. Bradshaw,	Illinois.
Henry S. Blood,	Connecticut.
E. A. Clark,	Illinois.
D. M. Cool,	Iowa.
Thoms. J. Dunn,	Nebraska.
Edward C. De Forest,	Indiana.
M. M. Eaton,	Illinois.
Geo. Egbert,	Indiana.
Wm. B. Graham,	Indiana.
Henry J. Herrick,	Ohio.
Zenas P. Hanson,	Maine.
Clinton D. Henton,	Illinois.
Ezekiel Keith,	Iowa.
Jno. T. Keables,	Michigan.
Enoch W. Keegan,	Indiana.
Abner D. Kimball,	Indiana.
Robert M. Lackey,	Iowa.
Z. James McMaster,	Illinois.
James M. Mayfield,	Illinois.
Henry H. Maynard,	Iowa.
Richard E. McVey,	Illinois.

NAMES.	RESIDENCES.
John Murphy,	Illinois.
Samuel C. Owen,	Indiana.
Allen M. Pierce,	Illinois.
Henry V. Passage,	Indiana.
Madison Reece,	Illinois.
E. Fred. Russell,	Wisconsin.
Edward P. Talbott,	Indiana.
Chas. B. Tompkins,	Illinois.
Theodore W. Stull,	Illinois.
Israel B. Washburn,	Indiana.
O. G. Walker,	Indiana

WHOLE NUMBER OF STUDENTS AND GRADUATES.

The following Table shows the whole number of Students and Graduates who have attended the Rush Medical College since its organization, in 1843, viz:

1st	Course,	-	1843–44,	-	Students	22,	- Graduates,	1
2d	do	-	1844–45,	-	do	46,	- do	11
3d	do	-	1845–46,	-	do	50,	- do	10
4th	do	-	1846–47,	-	do	70,	- do	16
5th	do	-	1847–48,	-	do	140,	- do	33
6th	do	-	1848–49,	-	do	100,	- do	19
7th	do	-	1849–50,	-	do	104,	- do	42
8th	do	-	1850–51,	-	do	126,	- do	44
9th	do	-	1851–52,	-	do	105,	- do	30
10th	do	-	1852–53,	-	do	108,	- do	34
11th	do	-	1853–54,	-	do	122,	- do	37
12th	do	-	1854–55,	-	do	116,	- do	41
13th	do	-	1855–56,	-	do	150,	- do	42
14th	do	-	1856–57,	-	do	116,	- do	41
15th	do	-	1857–58,	-	do	100,	- do	36
16th	do	-	1858–69,	-	do	117,	- do	32
17th	do	-	1759–60,	-	do	119,	- do	36
18th	do	-	1860–61,	-	do	160,	- do	36
						1870		541